

Name
in
Full

Allen Albam

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Wheaton Run</u>			County <u>Barboursville</u>			MARYLAND	
Date of death <u>1909</u>	Month <u>3</u>	Day <u>6</u>	Age <u>75</u>	Years <u>75</u>	Months <u>9</u>	Days <u>6</u>	
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Graves Run Md</u>				
Occupation <u>Name</u>	Where Residing if not at place of death <u>—</u>						
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>Graves Run Md</u>				
Father's Name <u>William S Albam</u>	Mother's Birthplace <u>Chesapeake Md</u>						
Mother's Maiden Name <u>Maggie T Le Rowdy</u>	How related to deceased <u>Grand-Father</u>						
Name of person giving Information <u>Tommy Albam</u>							

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

10 days

Immediate

Heart Failure

How long

24 hrs

Are the name, age, sex, color, date and place correctly given above?

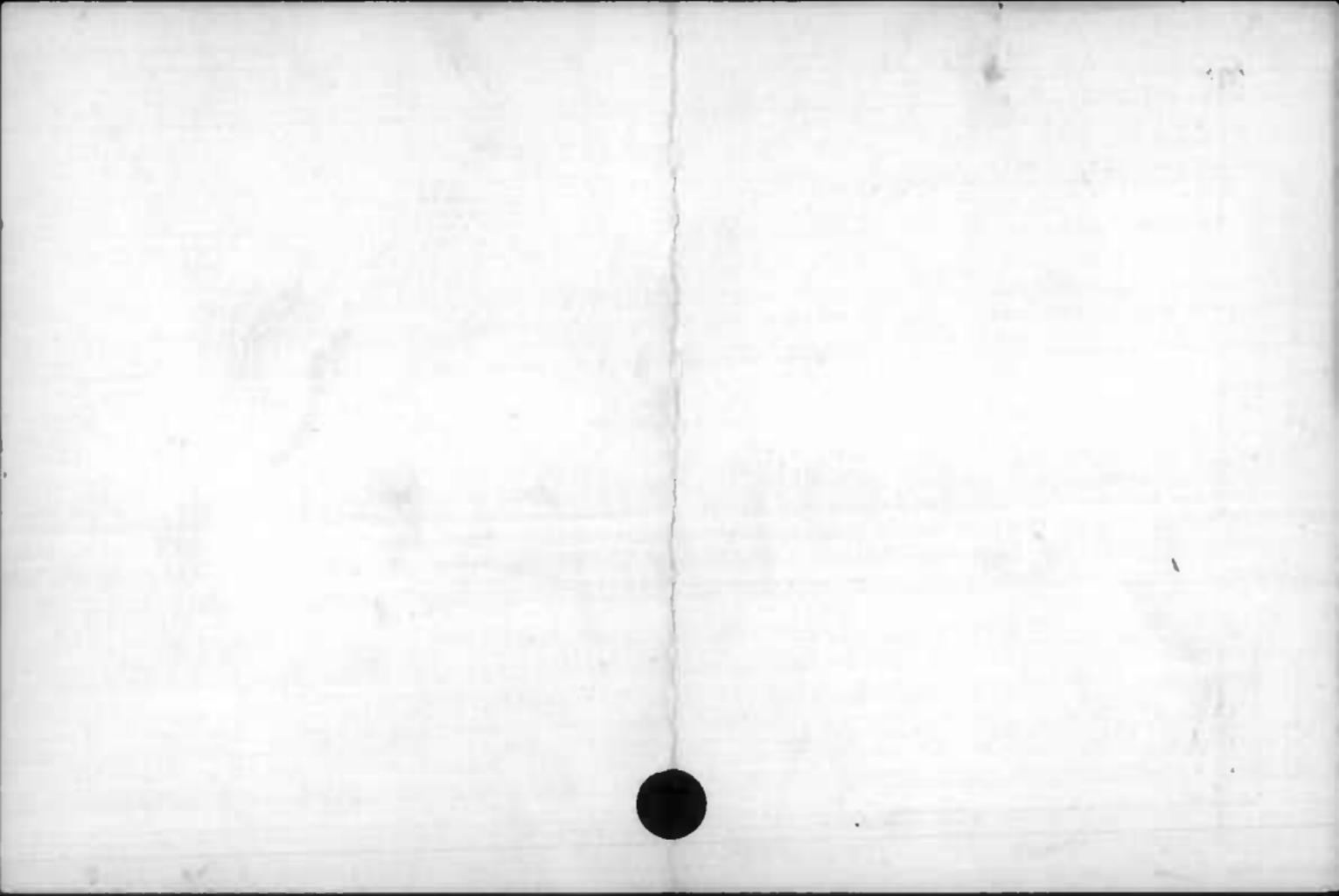
yes

Signature of Physician

Address

Dr D. M. Rash''
Hampton Roads Md

Accident or Suicide?



Name
in
Full

George Arnold

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death 1909	Month March	Day 15"	Age 40	Months	Days
Sex Male	Color or Race White			Birth-place Md.	
Occupation Saloon Keeper		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Maud N. Arnold		
Father's Name	John Arnold		Father's Birthplace	Germany	
Mother's Maiden Name	Unknown		Mother's Birthplace	"	
Name of person giving information	Hospital records		How related to deceased		

CAUSES OF DEATH

67

PHYSICIAN
CORONER

1

Primary

General Paralysis

How long

about 2 1/2 yrs

Immediate

General debility

How long

progressive

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

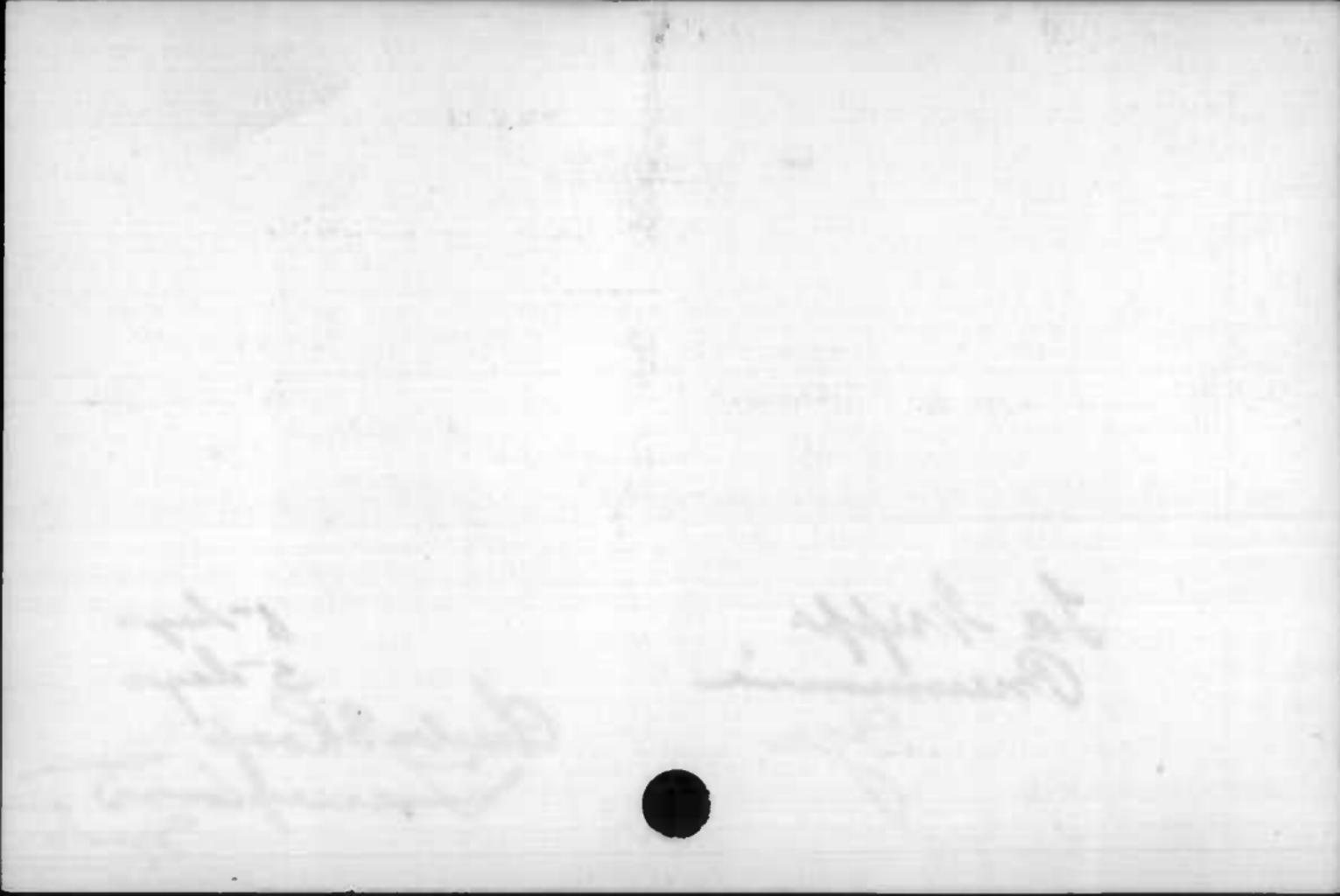
Chas. J. Casey M.D.

Address

Sykesville Md.

Accident or Suicide?

No



Barbary Ann Bittle				CERTIFICATE OF DEATH			
Died at <u>Kings</u>		Town <u>Town</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>March</u>	Day <u>24</u>	Age <u>74</u>	Years <u>74</u>	Months <u>5</u>	Days <u>25</u>	
Sex <u>Female</u>	Color or Race <u>White</u>				Birth-place <u>York Pa</u>		
Occupation <u>Housewife</u>	Where Residing if not at place of death						
Married, Single <input checked="" type="checkbox"/> Widowed	Name of wife or Husband <u>John Henry Bittle</u>						
Father's Name <u>John S Landsinger</u>	Father's Birthplace <u>Unknown</u>						
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace						
Name of person giving Information <u>J Henry Bittle</u>	How related to deceased <u>Husband</u>						

CAUSES OF DEATH

Primary

La Grippe
Pneumonia

10

How long

5-day

Immediate

yes

How long

5-day

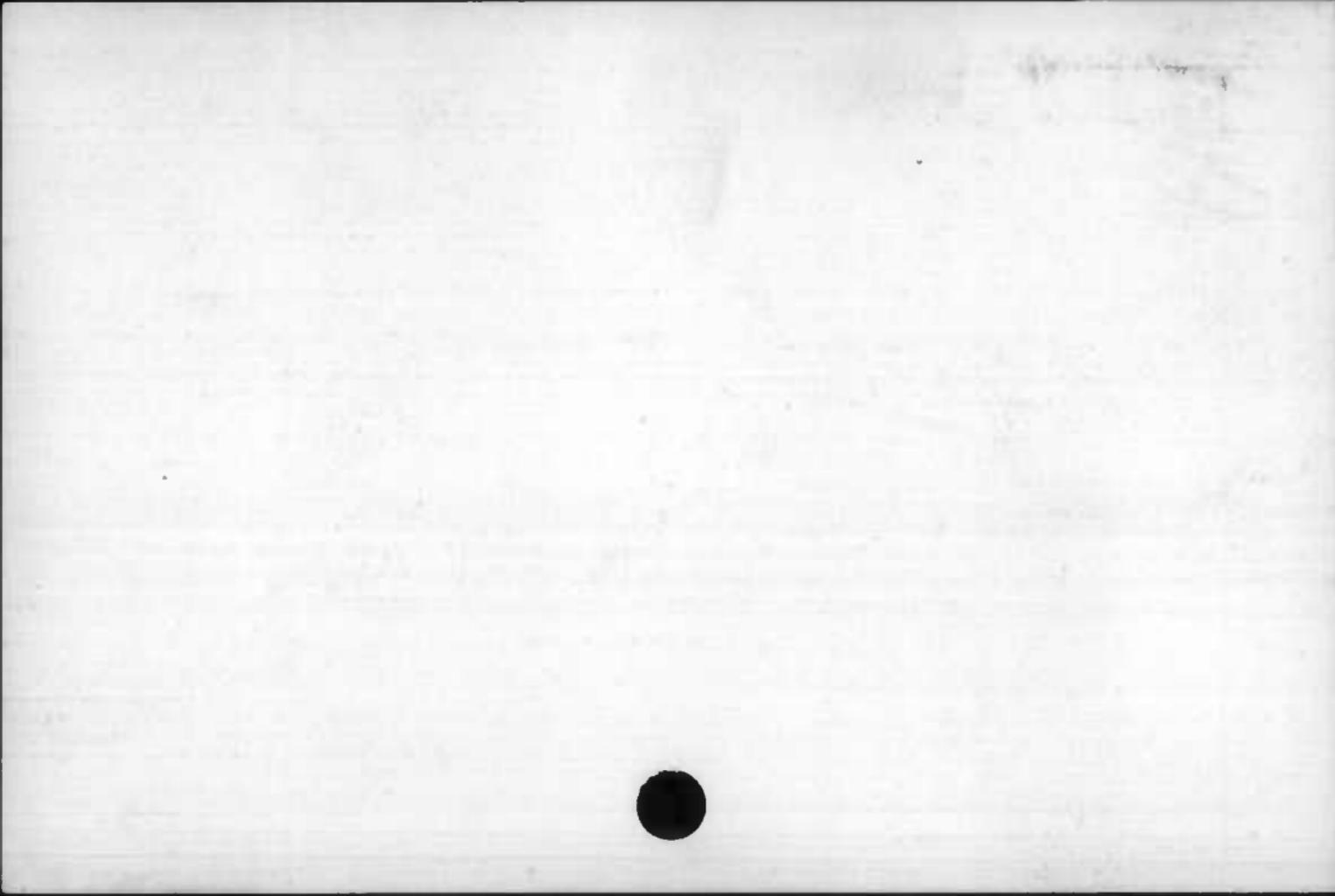
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Charles Hoop
Taneytown
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Martin Bitzel

Town
Died at
near Westminster

Date
of death 1909 Month 6

County
Carroll

448
CERTIFICATE OF DEATH

MARYLAND

Years 76 Months 5 Days 8

Age 76 Birth-
place Germany

Sex Male Color or
Race white

Occupation Farmer

Where Residing if not
at place of death

Married, Single
or Widowed Widower Name of Wife or
Husband Elizabeth Barber

Father's
Name doesn't know

Father's
Birthplace Germany

Mother's
Maiden Name "

Mother's
Birthplace Baltimore

Name of person giving
Information

Caroline Barber

How related
to deceased
daughter

CAUSES OF DEATH

93

How long

76 Years

How long

One week

Primary

Old age & cold.

Immediate

Pneumonia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Jas. H. Billings M.D.
Westminster Md.

PHYSICIAN
OR CORONER

Accident or Suicide?

No

German Lutheran Church
Innaltwood
Harris

Name
in
Full

Susau Borschetto

10459
CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Westerminster	County	MARYLAND		
Date of death	1909	Month	Mar		
	Day	28	Years	88	
Sex	Female	Color or Race	White	Months	7
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	John Borschetto		
Father's Name	Dorothy Kuon				
Mother's Maiden Name	Dorothy Kuon				
Name of person giving information	Aug Humber				

CAUSES OF DEATH

93

How long

How long

Primary

Pneumonia

Immediate

Hemorrhage

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Mr. S. Masters.
Westerminster Md

Accident or Suicide?

PHYSICIAN
OR CORONER

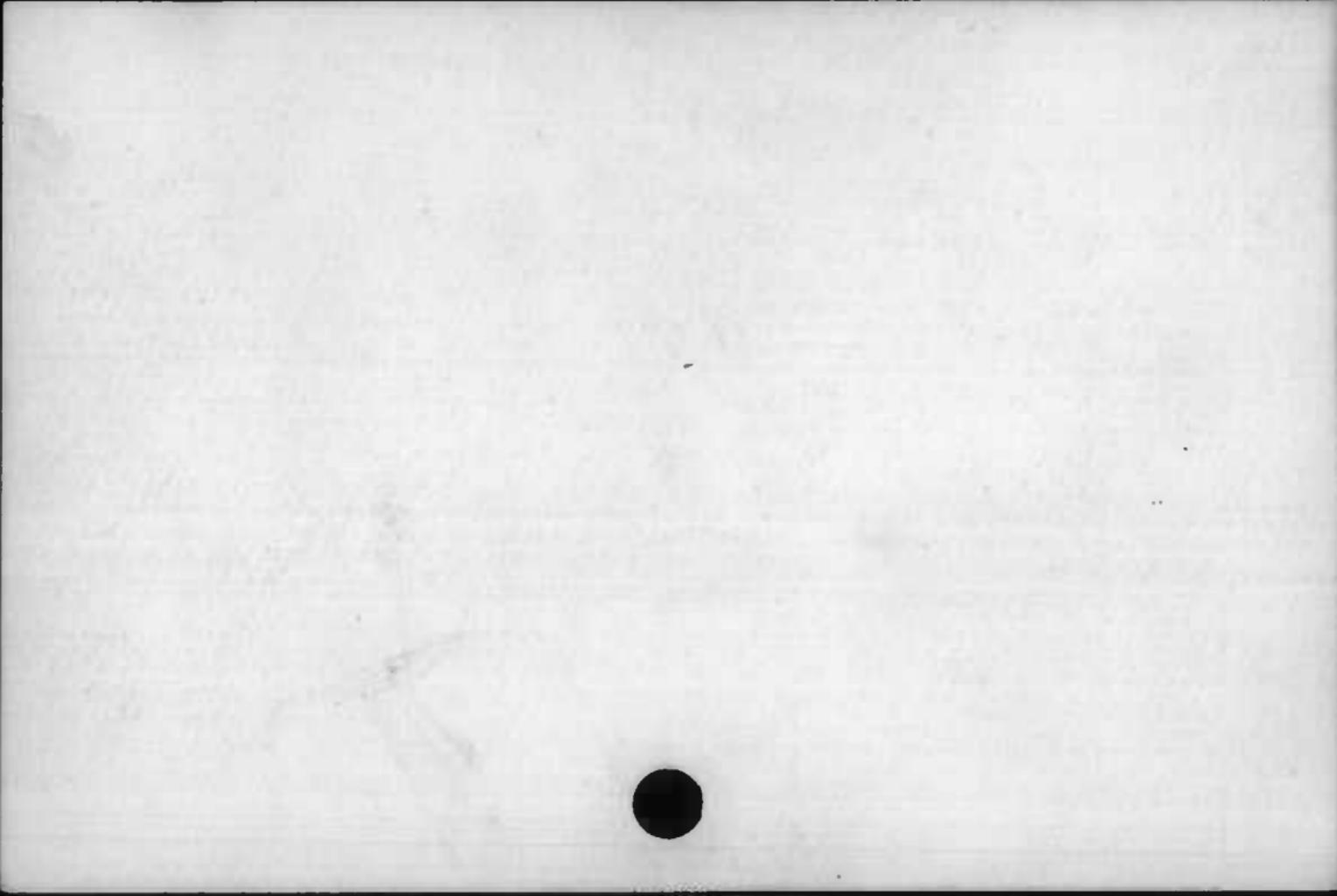
Benjaminus Reform Cui

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH					
Browne), Rebecca, Alice		Town	County		MARYLAND
Bied at	Hyattsville		Carroll		
Date of death	1909	Month 3	Day 14	Years 46 -	Months 4 Days 18
Sex	Female	Color or Race	White	Birth-place	Md.
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Burton, Hale Brown		
Father's Name	Liv. H. Handley	Father's Birthplace			
Mother's Maiden Name	Rebecca, Stonecipher	Mother's Birthplace			
Name of person giving Information	Annie M. Hise	How related to deceased			
CAUSES OF DEATH					
Primary	Pulmonary & Pyrangaal Tuberculosis			27	How long
Immediate	Cardiac Failure			2 years	How long
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	W. Frank Cusack, M.D.	
			Address	Hyattsville, Md.	
Accident or Suicide?		/			



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month March	Day 7	Years 74	Months 5	Days 7	
Sex	Female	Color or Race	White American		Birth-place	Fredk Co	
Occupation	House wife		Where Residing if not at place of death		Near Ridgiville		
Married, Single or Widowed	Widowed	Name of Wife or Husband	C. W. T. Browning		Father's Birthplace	Montgomery Co	
Father's Name	John A. Ring				Mother's Birthplace	Fredk Co	
Mother's Maiden Name	Elizabeth Horwood				How related to deceased	Daughter	
Name of person giving Information	W. E. Browning						

CAUSES OF DEATH

154

How long

How long

12 Months

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

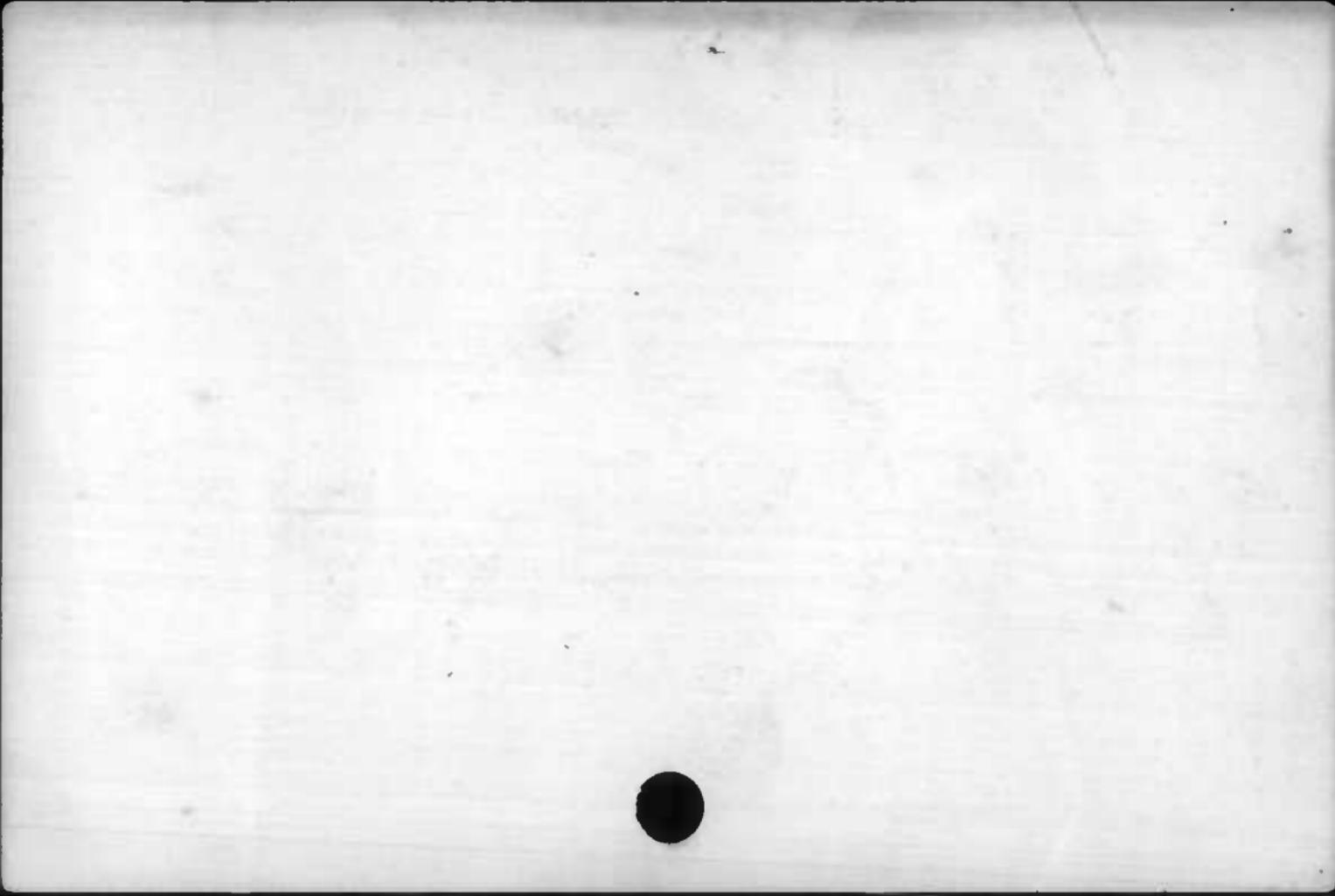
Signature of Physician

W. E. Browning

Address

W. E. Browning

Accident or Suicide?



Name
in
Full

Savilla Catherine Burgoon

452

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town

County

MARYLAND

Died at

January

Carroll

Date
of death

1909 Mar 14

Month

Day

Years

Months

Days

Age 61

11

14

Sax

Female

Color or
Raca

white

Birth-
place

Occupation

None

Where Residing if not
at place of death

Marriad, Single
or Widowed

widow

Name of Wife or
Husband

Sarah Burgoon

Father's
Name

Noah Formanalt

Father's
Birthplace

Maryland

Mother's
Maiden Name

Elizabeth Hornborger

Mother's
Birthplace

Maryland

Name of person giving
Information

Harvey Sittell

How related
to deceased

Son/daug

CAUSES OF DEATH

64

Primary

Arterio-Sclerosis

Don't know

Immediate

Cerebral Hemorrhage

How long

6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Yes

L. Woodward
Westminster,
Md.

No

Accident or Suicide

PHYSICIAN
OR CORONER

Silvermine cemetery
Stoners

Name
in
Full

Truman. Butter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

County

MARYLAND

Date
of death

1909. March. 21.

Month

Day

Years

Months

Days

Sax

Male

Color or
Race

African

Birth-
place

Carroll Co.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Roland Butter

Father's
Birthplace

Mother's
Maiden Name

J. Mary Disen

Mother's
Birthplace

Name of person giving
Information

L. Mary. Disen

How related
to deceased

Fred to Mr

Fred to Md.

Mother

CAUSES OF DEATH

Primary

Don't Know

71

How long

1 or 2 days

Immediate

Spasms

How long

8 or 10 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes -

Signature of
Physician

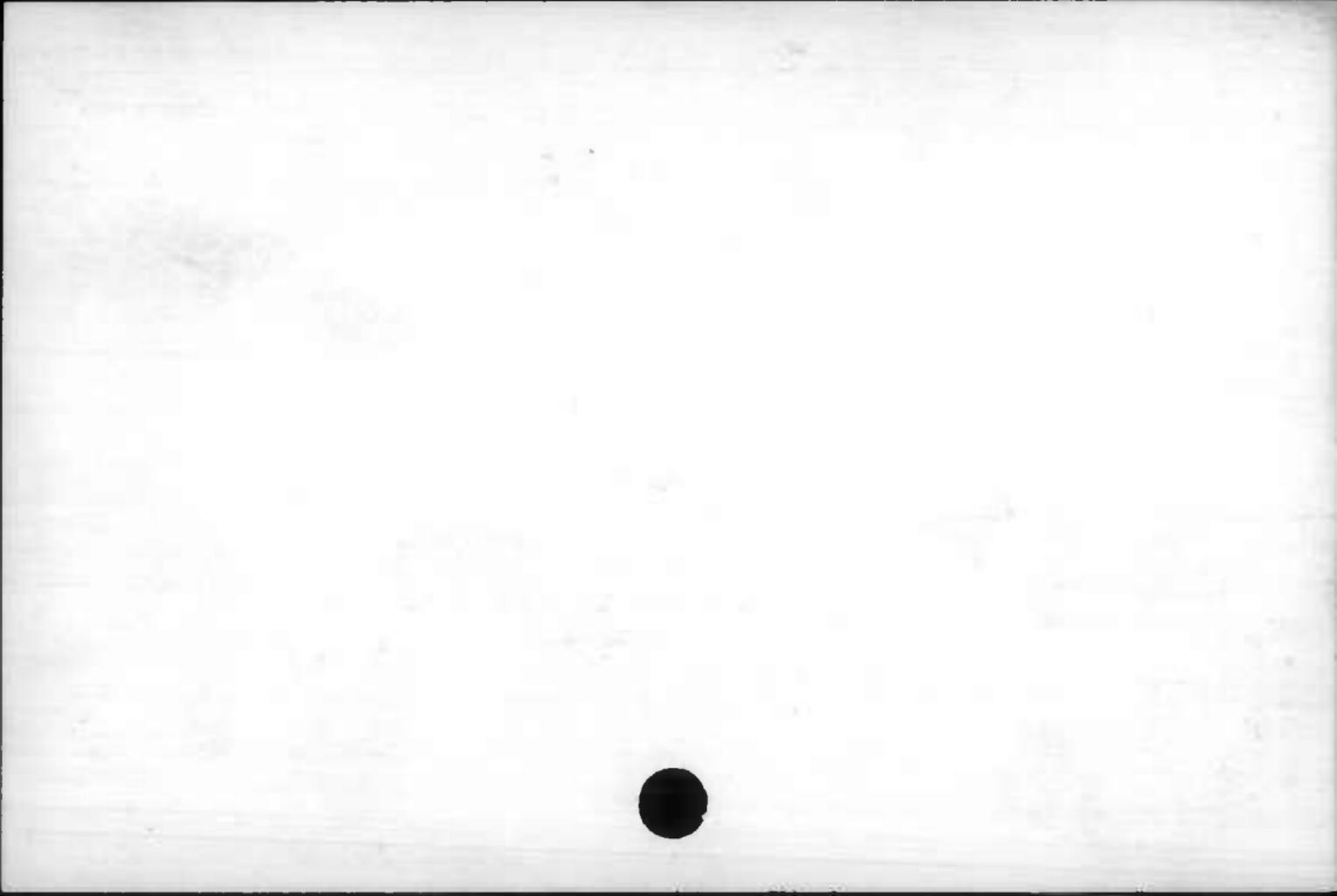
Address

James Watt -

Thruor Bridge

Md

Accident or Suicide



Name
in
Full

Susan E. Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Near Taneytown		County Carroll		MARYLAND	
Date of death 1909	Month March	Day 14	Age 77	Months 0	Days 13
Sex Female	Color or Race Colored	Birth- place Carroll Co Md			
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband John Wesley Cook	Father's Birthplace Unknown			
Father's Name James Butler	Mother's Birthplace				
Mother's Maiden Name Mariah Duffy	How related to deceased Daughter				
Name of person giving Information Samuel Hill					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Arterio Sclerosis

64

How long

Immediate

Cerebral Hemorrhage

How long

18 hours

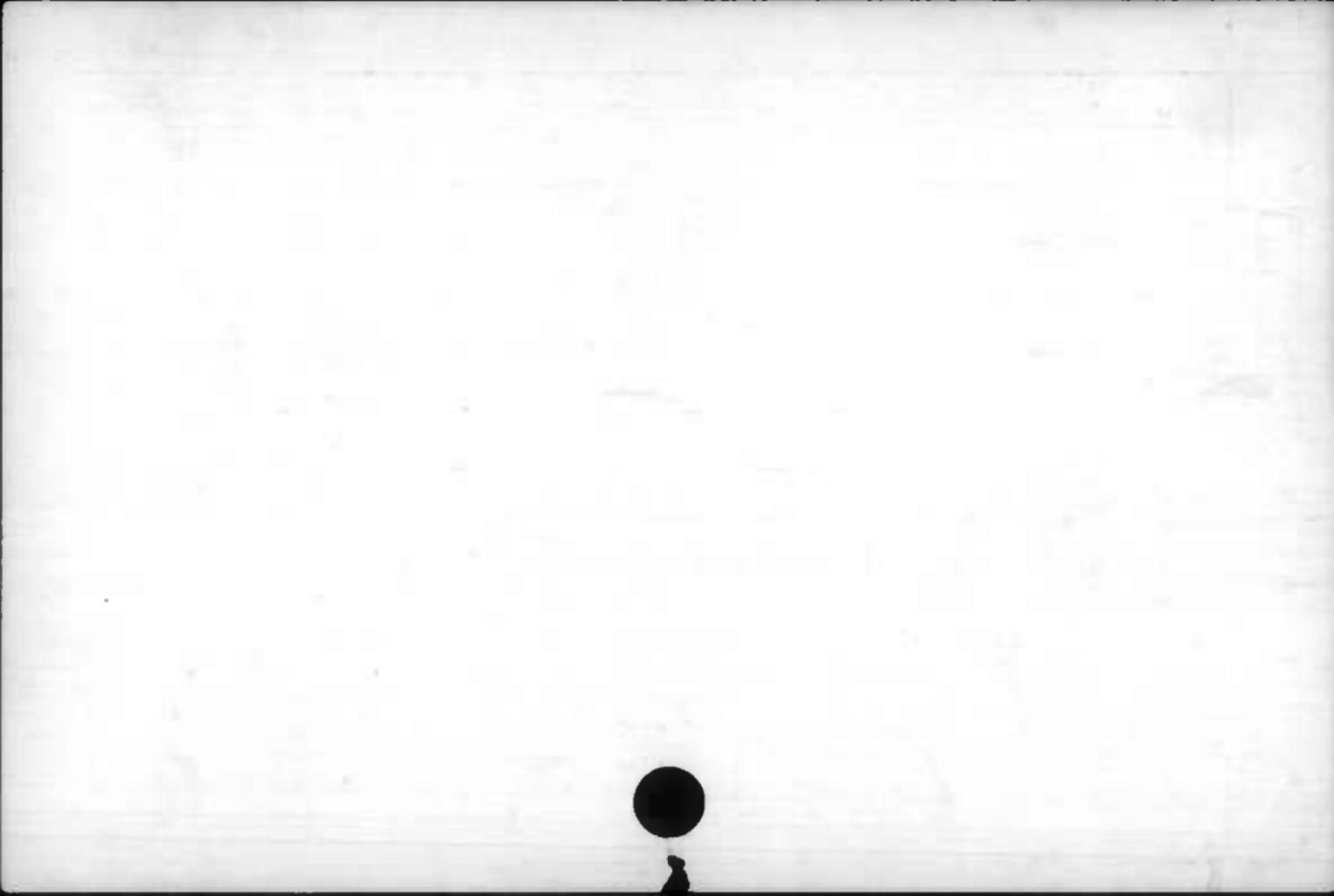
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Dr. Briner 216

Accident or Suicide



Name
in
Full

Ralf Coppersmith

10460

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1909	Month Mar	Day 29	Years	Months	Days
Sex Male	Color or Race White	Birth-place Maryland			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Walter Coppersmith		Father's Birthplace	Maryland	
Mother's Maiden Name	Harriet Milligan		Mother's Birthplace	Pennia	
Name of person giving Information	Walter Coppersmith		How related to deceased	Father	

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary

Immediate

Hemorrhage of bowels

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. S. Mathias.
Westminister
Md

How long

How long

Accident or Suicide?

Heer Park Cemetery
Stone

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Alanson D. Dorsey

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Dunc Creek.

Carroll

Date of death 1909 March

Month Day

Age Years

Months

Days

73

4

—

Sex Male

Color or Race

Black

Birth-place

Maryland

Occupation

Pump maker

Where Residing if not
at place of death

Dorsey Run Creek

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Charles Dorsey

Father's
Birthplace

Mother's
Maiden Name

Fannie

Mother's
Birthplace

Name of person giving
Information

Theodore Dorsey

How related
to deceased

Nephew

CAUSES OF DEATH

106

Primary

Diarrhea

How long

2 weeks

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date
and place correctly given above?

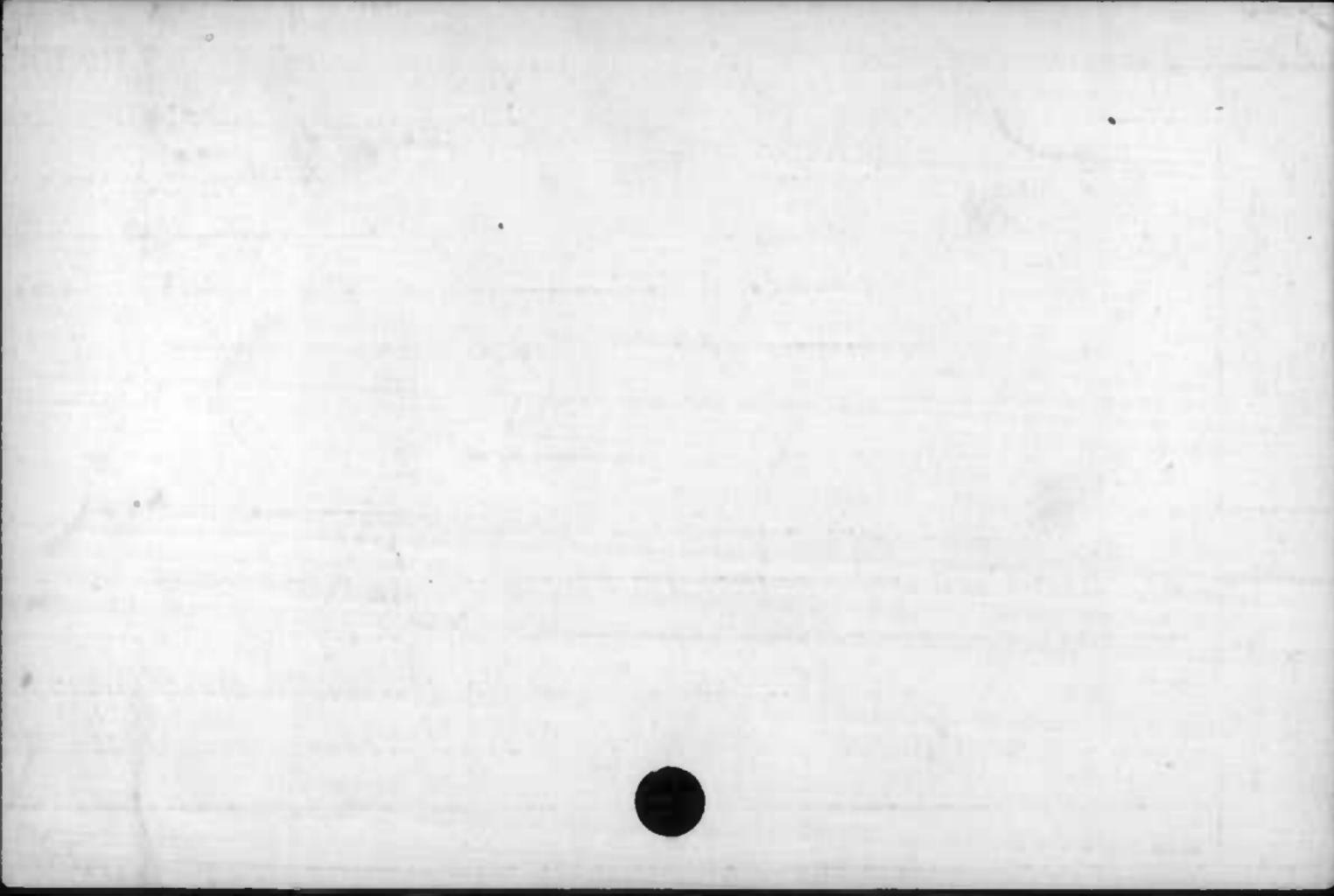
Signature of
Physician

Address

W.H. Brown M.D.

New Windsor
Md.

Accident or Suicide?



Name
in
Full

Maria Dove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death 1909	Month March	Day 27 th	Years 63	Months	Days
Sex Female	Color or Race white	Birth-place Bristol Md.			
Occupation none	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Samuel Dove			Father's Birthplace Unknown		
Mother's Maiden Name Mary Carr			Mother's Birthplace	"	
Name of person giving Information Hospital records			How related to deceased		

CAUSES OF DEATH

67

How long

3 yrs.

Primary

Paralytic Dementia

Immediate

Exhalation

How long

1 week

Are the name, age, sex, color, date
and place correctly given above?

yes

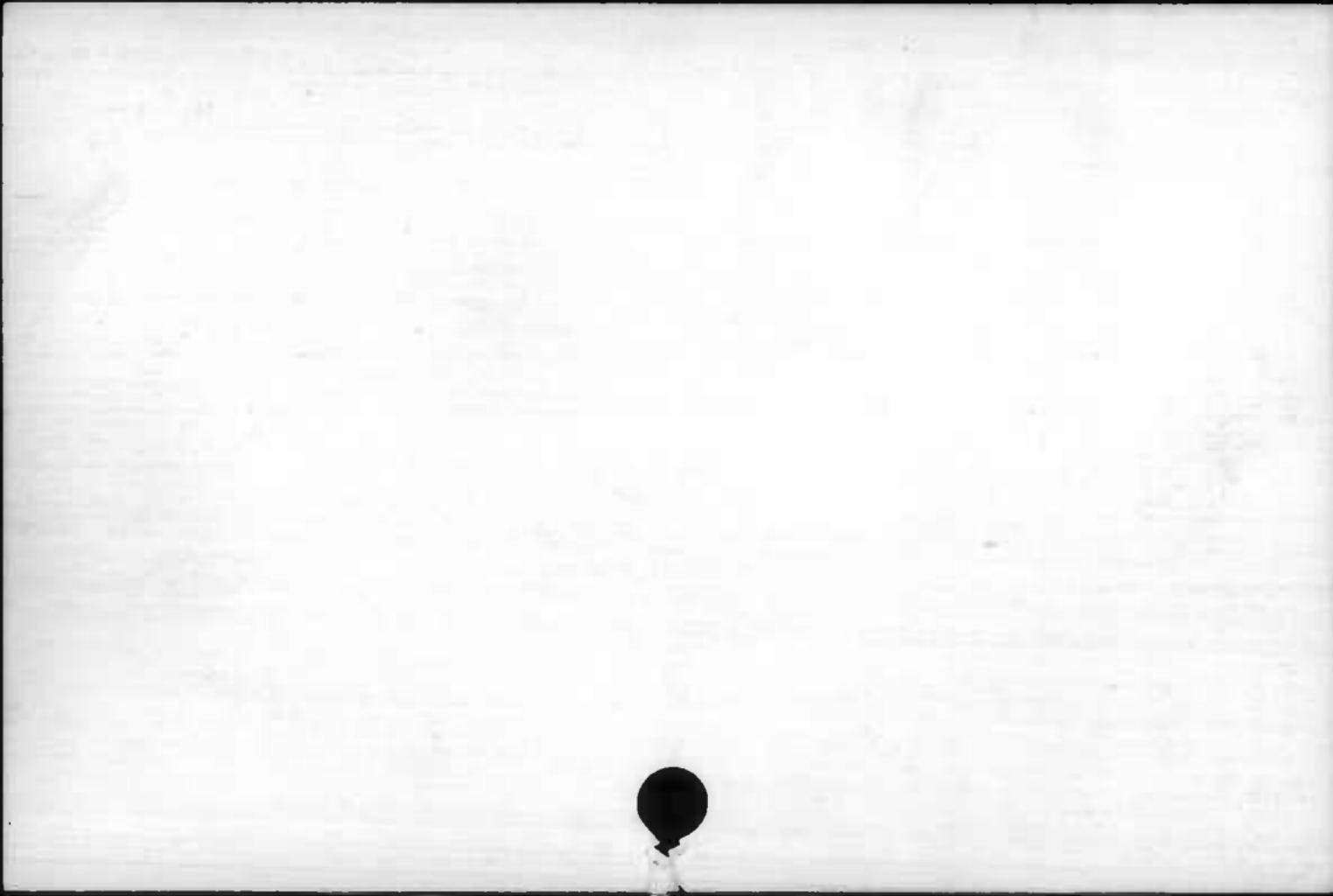
Signature of
Physician

Address

W. Henry Fisher M.D.
Sykesville
Md

Accident or Suicide

no



Name
in
Full

Euora E. S. Durban

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>near Daniel</u>		Town	County <u>Carroll</u>	MARYLAND		
Date of death <u>1909</u>	Month <u>3.</u>	Day <u>24</u>	Age <u>30</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frederick, Md.</u>				
Occupation <u>Housewife</u>	Where Residing if not at place of death <u>near Daniel, Md.</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Chas. Durban</u>	Chas. Durban				
Father's Name <u>John Moore</u>	Father's Birthplace <u>John Moore</u>					
Mother's Maiden Name <u>John Moore</u>	Mother's Birthplace <u>John Moore</u>					
Name of person giving Information <u>Michael Glensman</u>	How related to deceased <u>Relative</u>					

CAUSES OF DEATH

Primary

Thrown from a horse
Injury of Abdomen

166

How long

about 4 weeks

Immediate

Peritonitis

How long

11 days

Are the name, age, sex, color, date and place correctly given above?

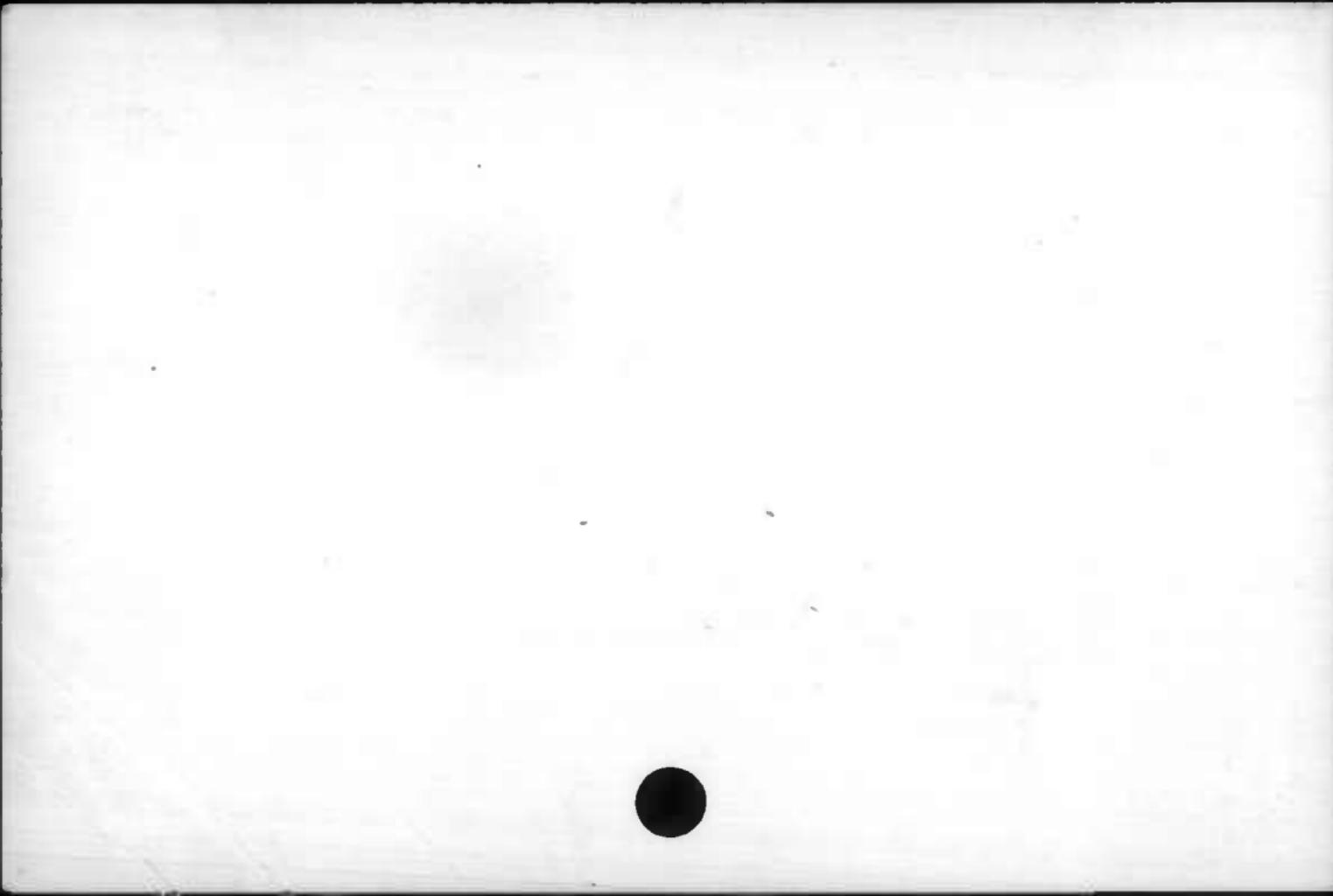
yes

Signature of Physician

Address

E. A. Crook
Winfield
Carroll Co.

Accident or Suicide



Name
in
Full

323

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jacob Elater ✓

Town

County

MARYLAND

Died at

Sandyville

Carroll

Date

Month

Day

Years

Months

Days

of death

1909 March 16

Age

77

11

16

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Peter Elater

Father's
Birthplace

Md

Mother's
Maiden Name

Matilda. Caufy

Mother's
Birthplace

11

Name of person giving
Information

Philip Elater

How related
to deceased

Brother

CAUSES OF DEATH

40

How long

indefinite

How long

Primary

Carcinoma of Stomach

Immediate

Asthenia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Henry M. Sizemore

Address

Westminster

PHYSICIAN
OR CORONER

Accident or Suicide?

Shawn
Sandy Mount

Name
in
Full

Thomas Alexander Fowler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died <u>Waterville</u>		Town <u>Carroll</u>		County <u>MARYLAND</u>	
Date of death <u>1909</u>	Month <u>Mar.</u>	Day <u>5.</u>	Age <u>86.</u>	Years <u>6.</u>	Months <u>0</u>
Sex <u>Male.</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>			
Occupation <u>Retired Farmer.</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Charlotte Fowler</u>				
Father's Name <u>Jeremiah Fowler.</u>	Father's Birthplace <u>Ind.</u>				
Mother's Maiden Name <u>Eliza Wheeler</u>	Mother's Birthplace <u>Ind.</u>				
Name of person giving information <u>Vernon Fowler.</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

79

How long

How long

Three months

Primary Heart & Kidney disease

Immediate The same

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

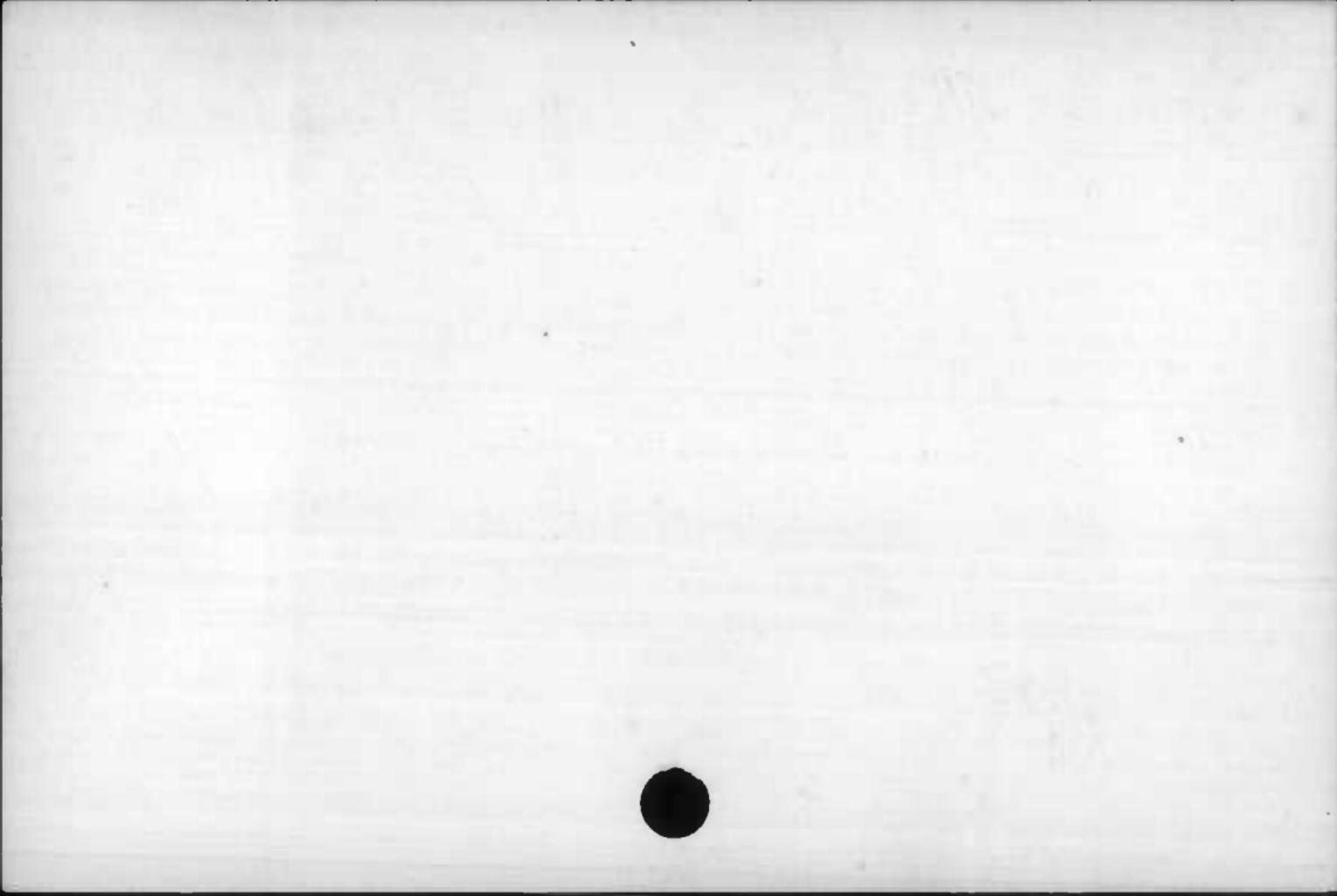
Address

J. W. Lacy

Lisbon

Md.

Accident or Suicide?



Name
in
Full

No 447
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sallie A. Fringer

Town

County

MARYLAND

Died at Westminster

Carroll

Date of death 1909 Month 11 Day 2 Age 40 Years 40 Months 1 Days 21

Sex Female Color or Race White

Birth-place Maryland

Occupation General House Work Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name George N. Fringer

Father's Birthplace Maryland

Mother's Maiden Name Catharine Hoff

Mother's Birthplace Ohio

Name of person giving information Ella Fringer

How related to deceased Sister

CAUSES OF DEATH

116

How long

A few days

How long

48 hours

Primary

Cold

Immediate

Peritonitis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

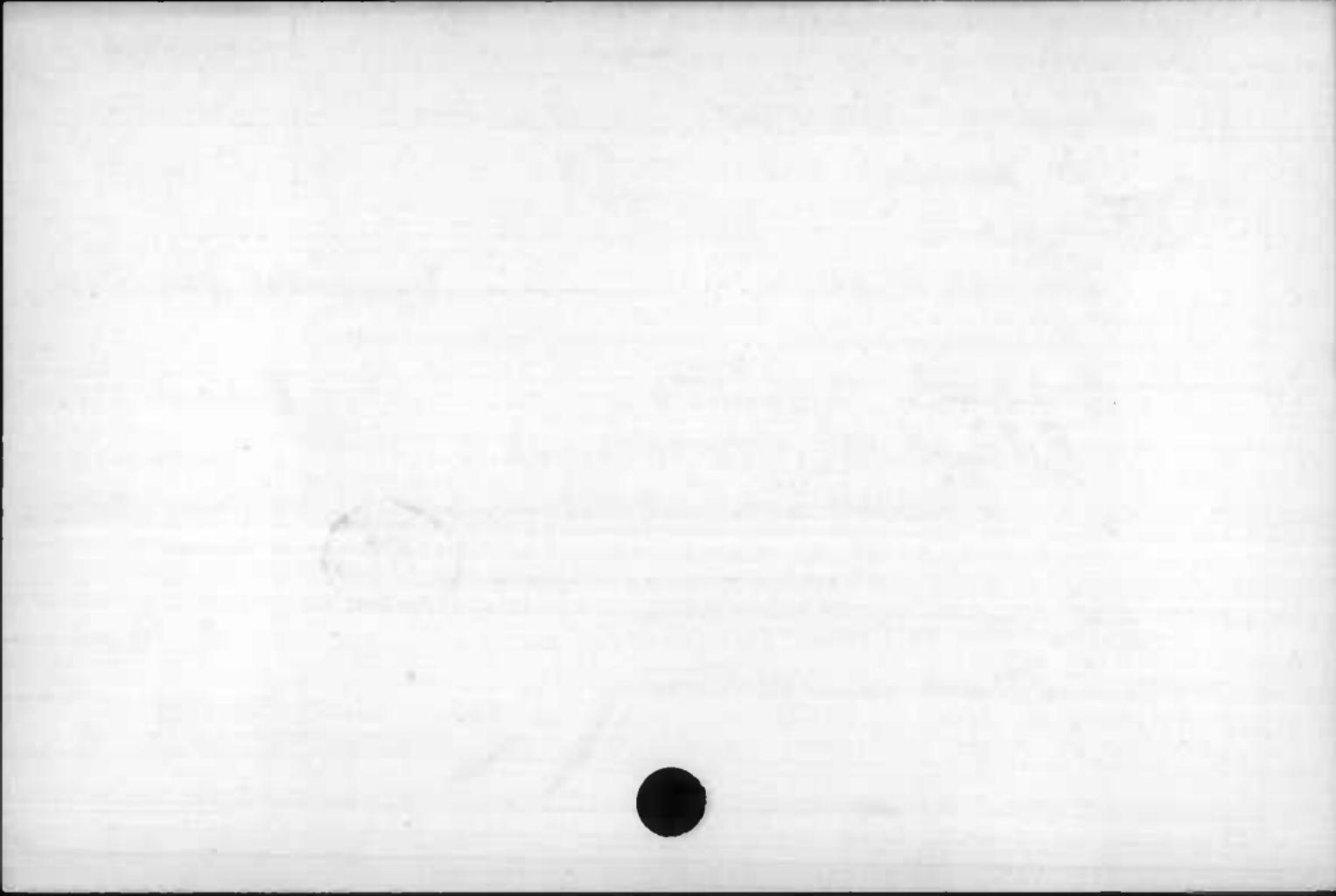
Yes

Address

Jas. H. Bellinger M.D.
Westminster Md.

Accident or Suicide?

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Matilda Frock

Town

County

CERTIFICATE OF DEATH

Died at

Union Mills Carroll

MARYLAND

Date
of death

1909

Month

Day

Years

Month

Days

Age 83

1

23

Sex

Female

Color or
Race

White

Birth-
place

Occupation

Home Wife

Where Residing if not
at place of death

Union Mills

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

None

Father's
Birthplace

Carroll Co

Father's
Name

Jacob Miller

Mother's
Maiden Name

Elizabeth Rorison

Mother's
Birthplace

Carroll Co

Name of person giving
Information

Harry G. Gator

How related
to deceased

Grandmother

CAUSES OF DEATH

Primary

Gastricoma of breast

43

How long

1 1/2 yrs.

Immediate

Exhaustion

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

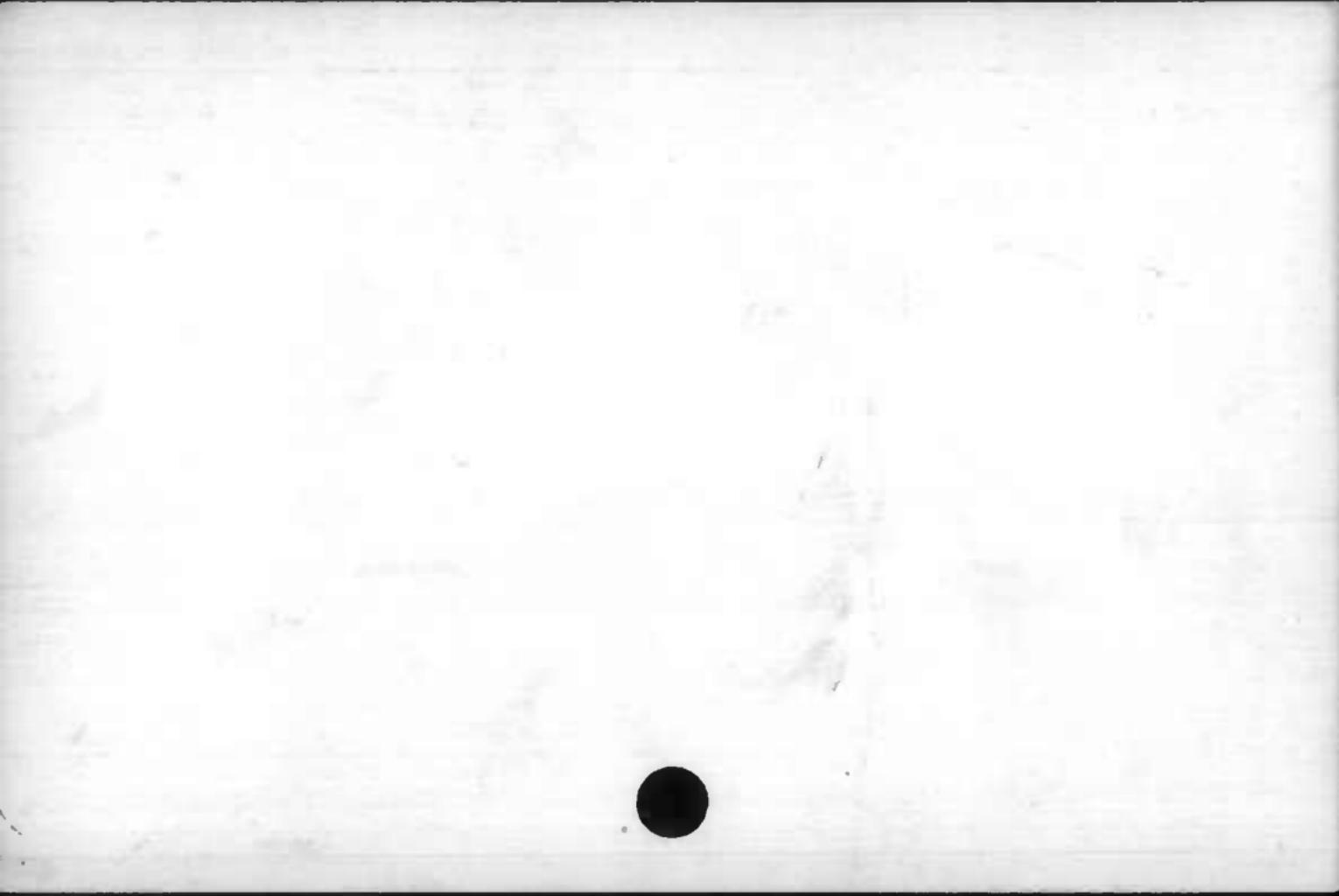
Yes

Signature of
Physician

Address

G. Lewis Weltz M.D.
Union Mills
Maryland

Accident or Suicide



Name
in
Full

Ira Garovich

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>3d Desert</u>		Town <u>Town</u> County <u>Carroll</u>		MARYLAND			
Date of death <u>1909</u>	Month <u>3</u>	Day <u>20</u>	Years <u>—</u>	Months <u>11</u>	Days <u>13</u>		
Sex <u>male</u>	Color or Race <u>white</u>				Birth-place <u>Maryland</u>		
Occupation <u>none</u>			Where Residing if not at place of death				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>						
Father's Name <u>Bert Garovich</u>			Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Mary Snyder</u>			Mother's Birthplace <u>Pennsylvania</u>				
Name of person giving information <u>Ira Garovich</u>			How related to deceased <u>Uncle</u>				

CAUSES OF DEATH

93

How long

9 das

How long

Primary

Pneumonia Asthma

Immediate

Congestion of Brain

Are the name, age, sex, color, date and place correctly given above?

yes.

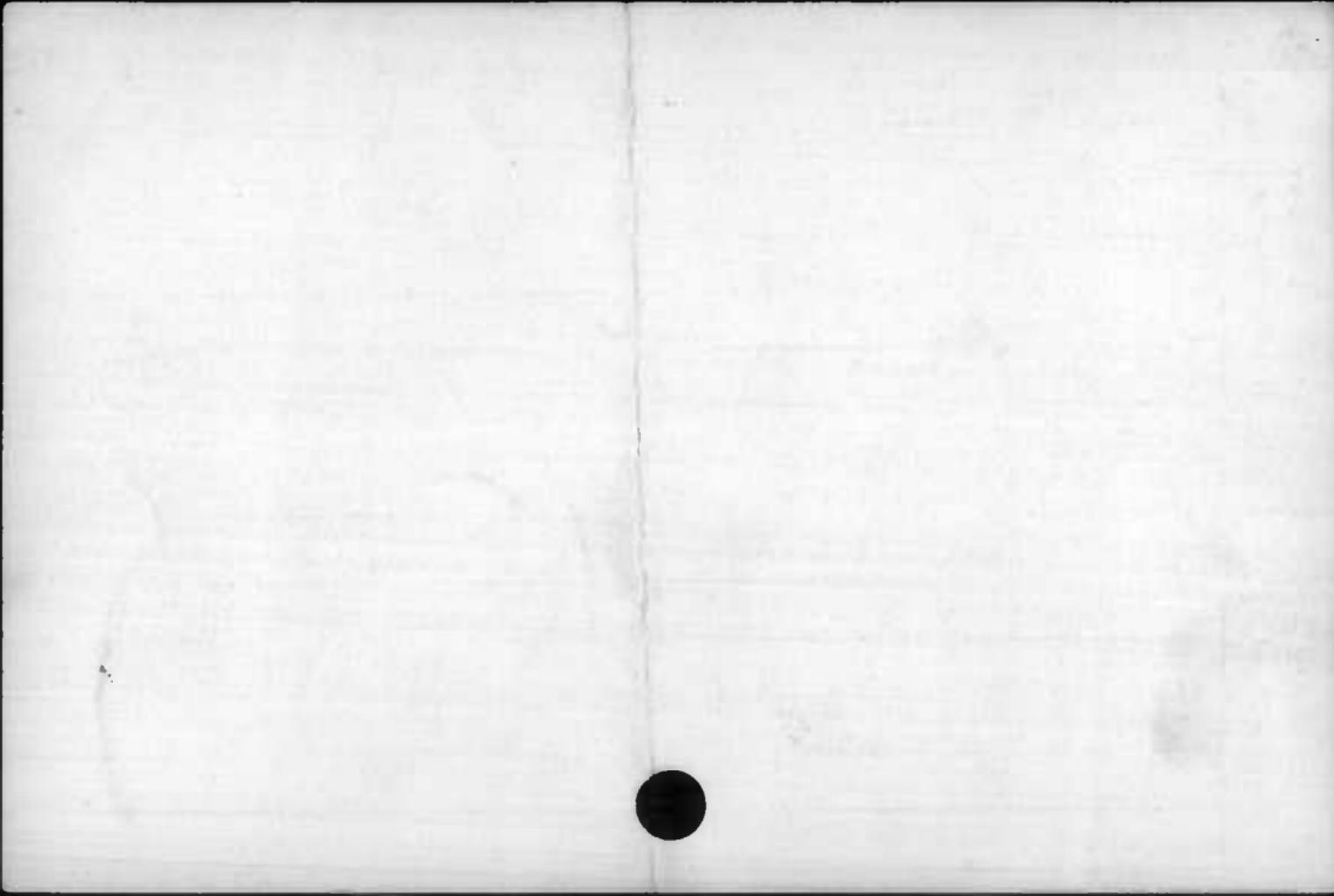
Signature of Physician

Address

John S. Ziegler
Melrose.

Md

Accident or Suicide?



Name
in
Full

Hillard L. Gosnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
near Woodbine		Carroll				
Date of death 1909	Month 3	Day 1	Years 32	Months 10	Days 29	
Sex Male	Color or Race White	Birth-place Maryland				
Occupation Carpenter	Where Residing if not at place of death near Woodbine, Md.					
Married, Single or Widowed Single	Name of Wife or Husband					
Father's Name Francis Gosnell (deceased)	Father's Birthplace Frederick Co., Md.					
Mother's Maiden Name May E. Luginbhal	Mother's Birthplace Ohio					
Name of person giving information Howard Gosnell	How related to deceased Brother					

CAUSES OF DEATH

27

How long

How long

PHYSICIAN
OR CORONER

Primary

Heredity

Immediate

Acute & Miliary Tuberculous Thrombosis

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Ed Cronk
Kempf

Carroll Co.

Yes.

Morgan Chapel

Name
in
Full

Thomas J. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Towson		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	male	Color or Race	Age	71	1	26
Occupation	Farmer		Where Residing if not at place of death	Towson		
Married, Single or Widowed	Married	Name of Wife or Husband	Bindelia Harris			
Father's Name	Samuel Harris		Father's Birthplace	Maryland		
Mother's Maiden Name	Rachel Bond		Mother's Birthplace	Maryland		
Name of person giving Information	Harry J. Harris		How related to deceased	Son		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary

Obility

Six months

Immediate

Bronchitis

2 weeks

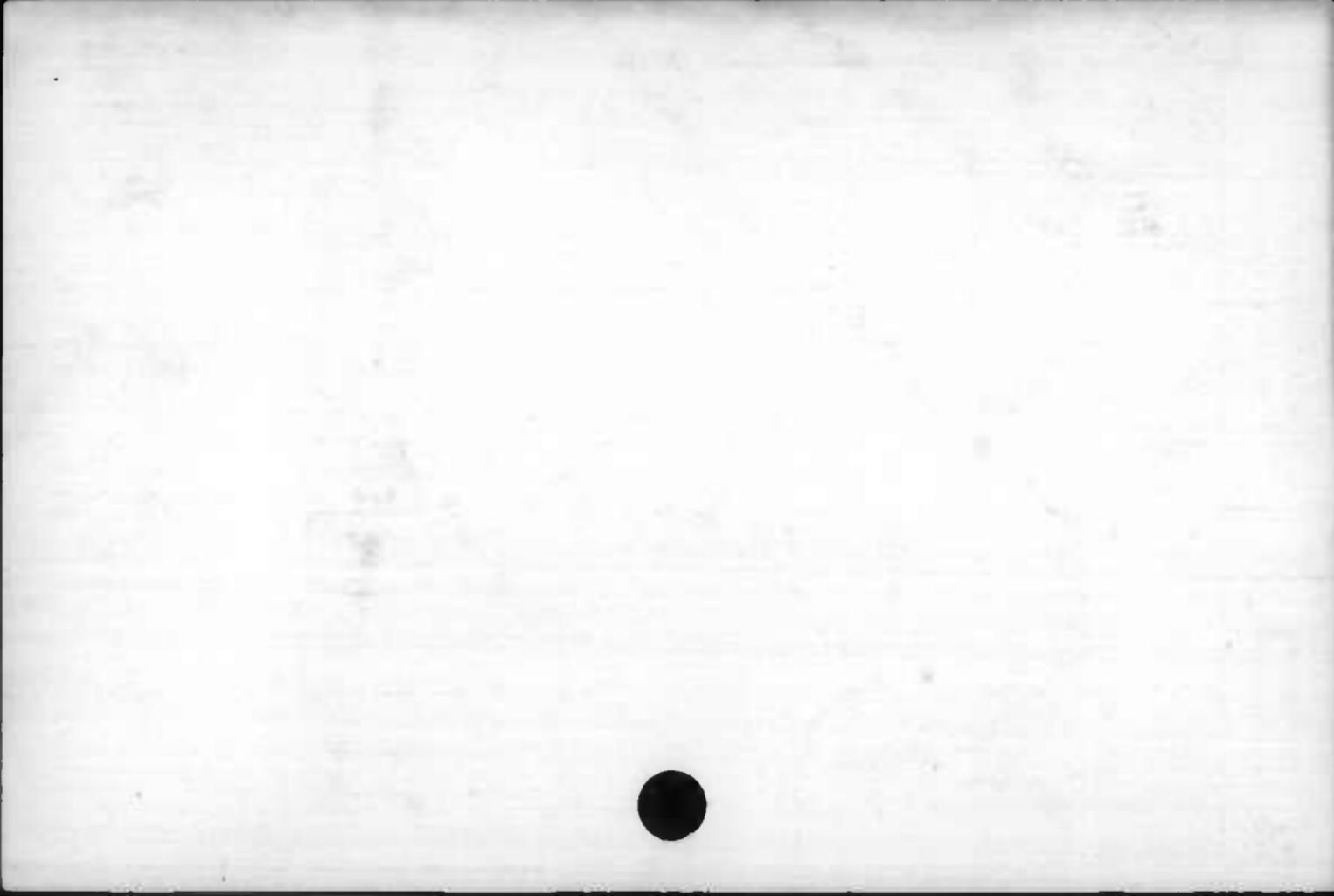
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

G H Brown
New Windsor
Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death	1909	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Age	24	1	11	
Occupation	Aawan Laborer		Where Raising if not at place of death		Mayberry		
Married, Single or Widowed	Single	Name of Wife or Husband	Name of Wife or Husband		Gambier		
Father's Name	Sam H. Hanes		Father's Birthplace	Tabor			
Mother's Maiden Name	Rebecca A. Hampler		Mother's Birthplace	John Justin			
Name of person giving Information	Hue D. Bush		How related to deceased	No relation			

CAUSES OF DEATH

Primary

Consumption

27

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

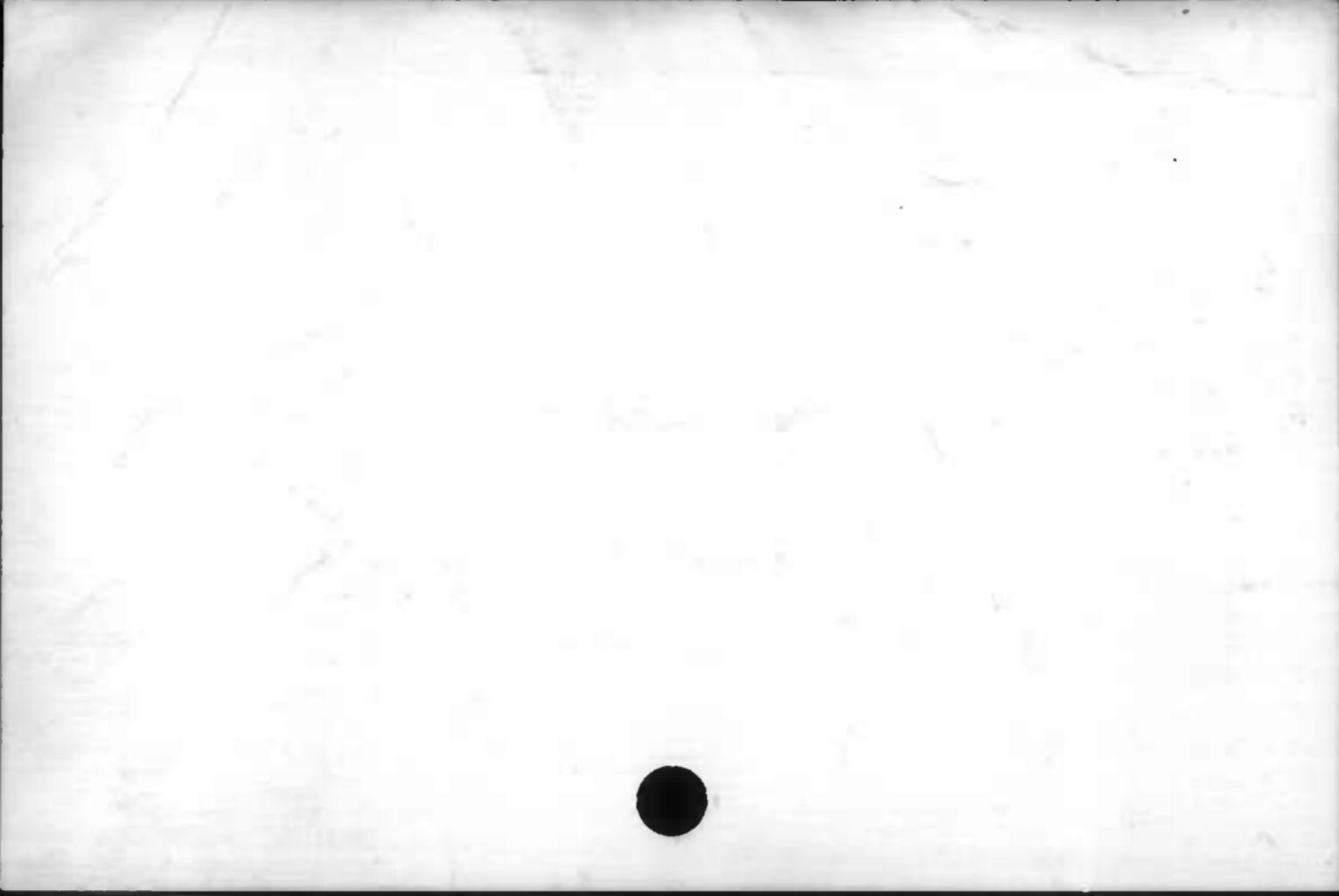
R. A. Wells

Address

Gambier

3rd

Accident or Suicide



Name
in
Full

Charlotte Elizabeth Hare

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bear Albia	Baltimore			
Date of death	Month	Day	Years	Months	Days
1909	3	26	73	1	9
Sex	Female	Color or Race	White	Birth-place	Shady. Ind.
Occupation	Housewife				
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Jacob Hare		
Father's Name	John Wilson				
Mother's Maiden Name	Rachel Tyson				
Name of person giving Information	Augusta Hare				
How related to deceased					
Sister					

CAUSES OF DEATH

93

How long

six days

How long

24 hrs

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

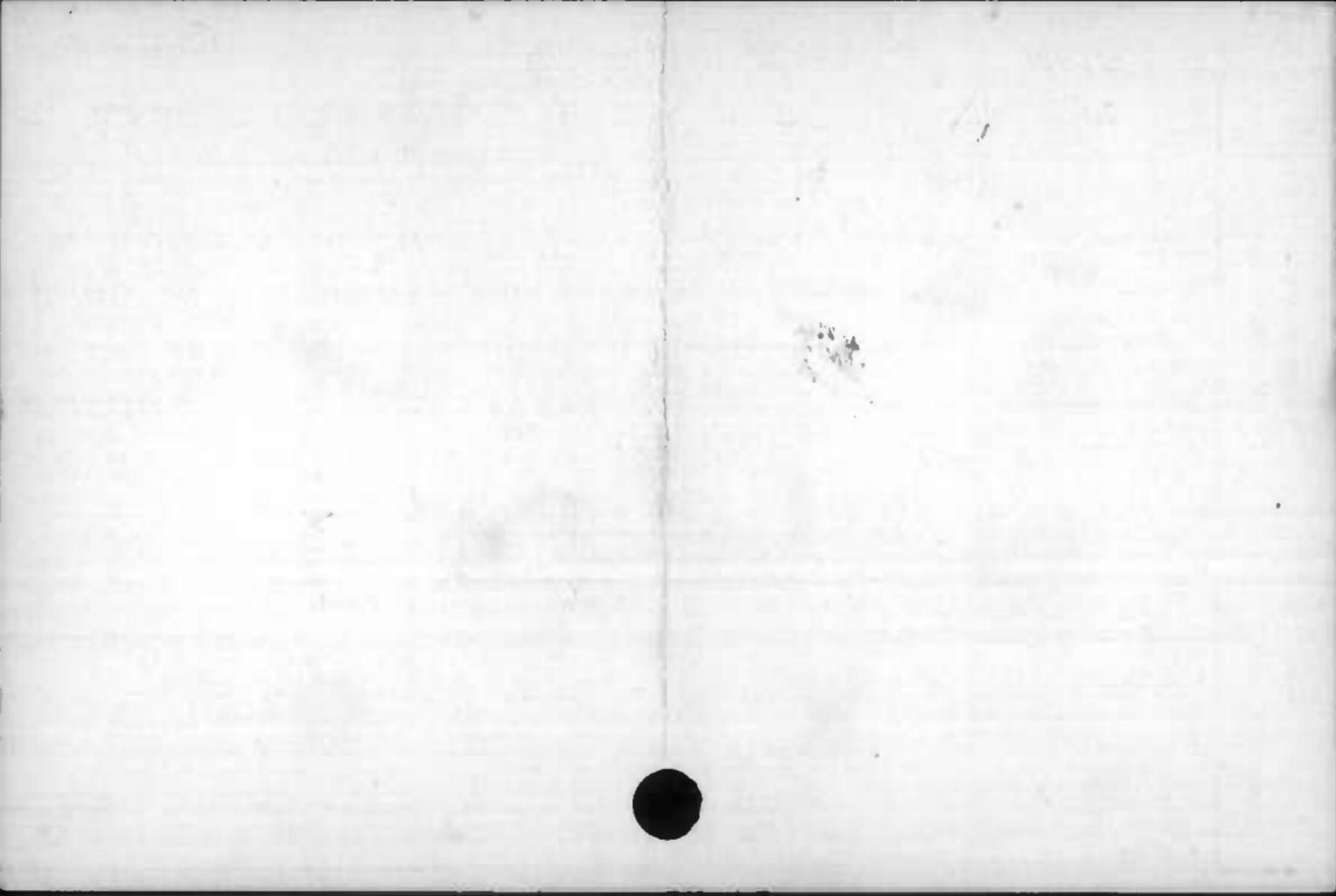
Signature of Physician

Dr. H. H. Rush

Address

Hampstead
Ind 6

Accident or Suicide?



Name
in
Full

Mary Martha Ann Hare

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Millers</u>		Town	County <u>Carroll</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Mar.</u>	Day <u>10</u>	Years <u>54</u>	Age <u>54</u>	Months <u>5</u>	Days <u>1</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Millers</u>				
Occupation <u>House wife</u>	Where Residing if not at place of death <u>Millers</u>					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Martha Ann Hare</u>	Father's Name <u>Aaron Miller</u>		Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Elizabeth Redding</u>	Mother's Name <u>Elizabeth Redding</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving information <u>Samuel Hare</u>	How related to deceased <u>Husband</u>					
CAUSES OF DEATH						
Primary <u>Appoplexy</u>	64					
Immediate	How long <u>4 days</u>					

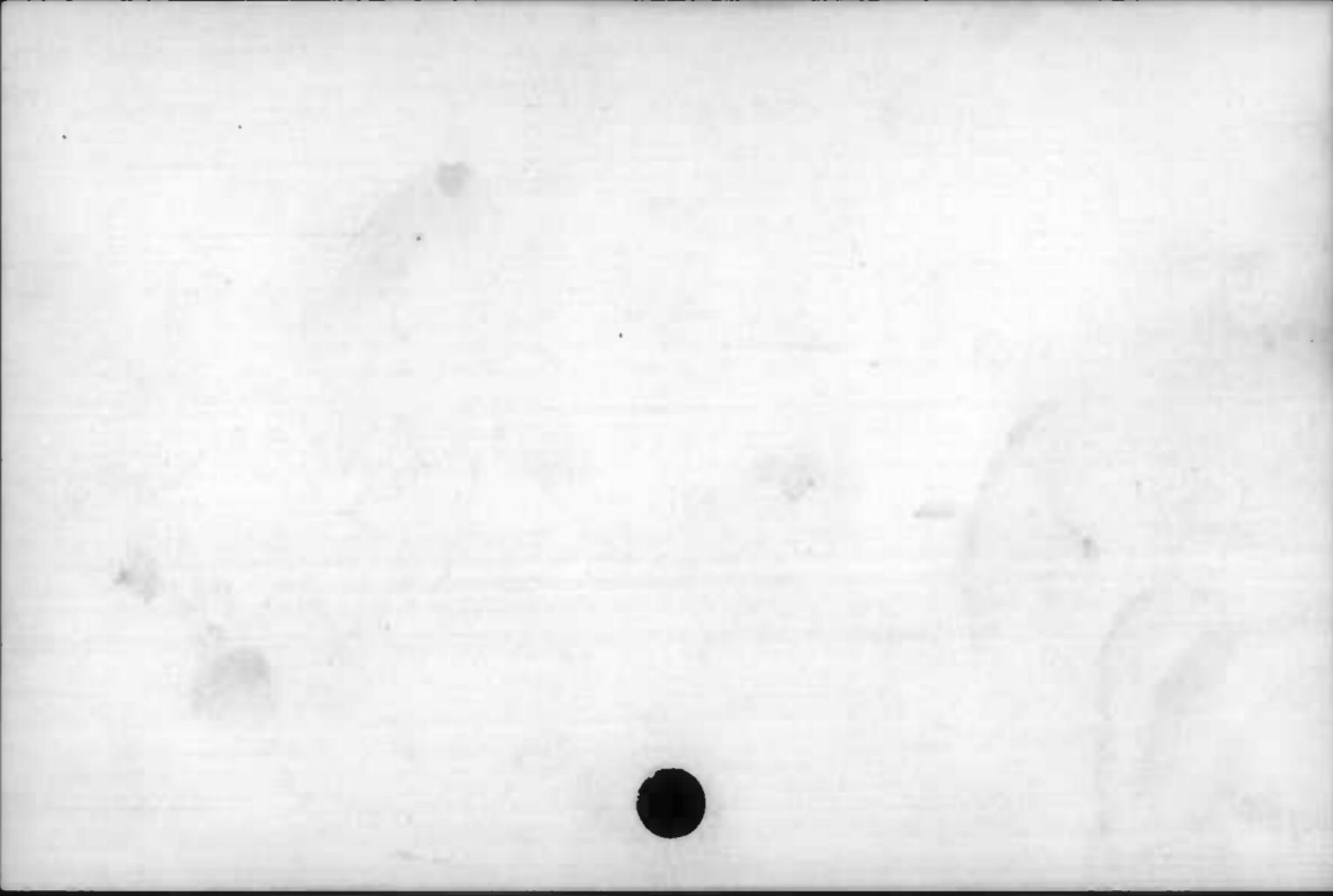
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Elizabeth Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Springfield Hospital -		County Carroll		MARYLAND	
Date of death 1909	Month March	Day 19 th	Age 77	Month -	Days -
Sex Female	Color or Race white	Birth-place Easton Md-			
Occupation None	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name Edward Harris			Father's Birthplace Md.		
Mother's Maiden Name Unknown			Mother's Birthplace Unknown		
Name of person giving Information Hospital records			How related to deceased	None	

CAUSES OF DEATH

Primary Senile Dementia

67

How long

?

Immediate Congestion of lungs.

How long

4 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes, to

Signature of
Physician

Address

W. Henry Fisher M.D.

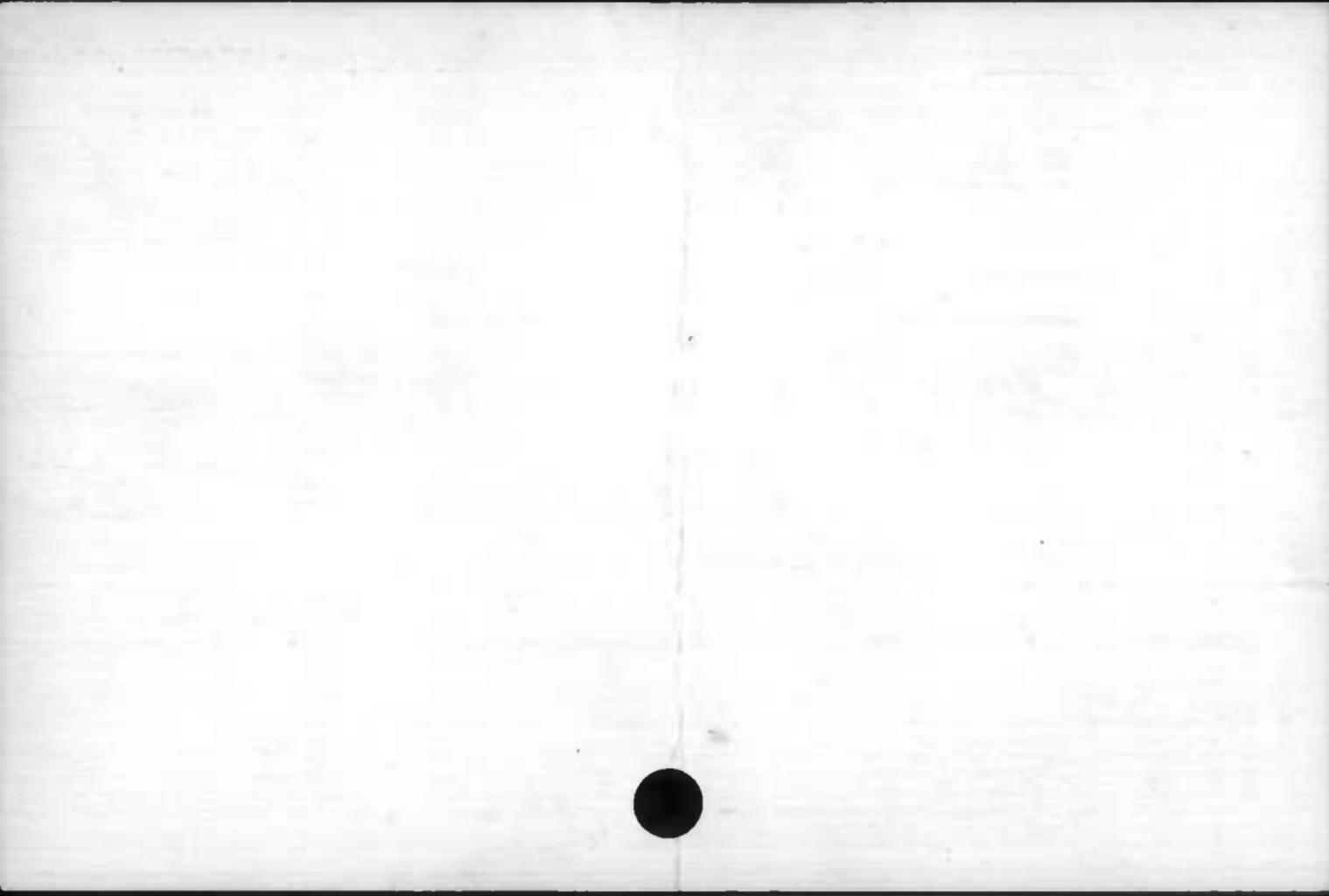
Sykesville

Md.

the best of my knowledge.

No.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

<i>Gorman Ingers Hilderbride</i>				CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Age	Years	Months
Sex	Male		Color or Race	White		Birthplace
Occupation	Where Residing if not at place of death					

Married, Single _____ Name of Wife or Husband _____

Father's Name

George Hilderbride

Father's Birthplace

Garrison

Mother's Maiden Name

Annie Ingers

Mother's Birthplace

Garrison

Name of person giving information

George Hilderbride

How related to deceased

Father

CAUSES OF DEATH

144

How long

5 days.

How long

1 minute.

PHYSICIAN
OR CORONER

Primary abscess in vascular space of neck
necrosis of carotid artery.

Immediate Hemorrhage from throat

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. S. Crown, M.D.

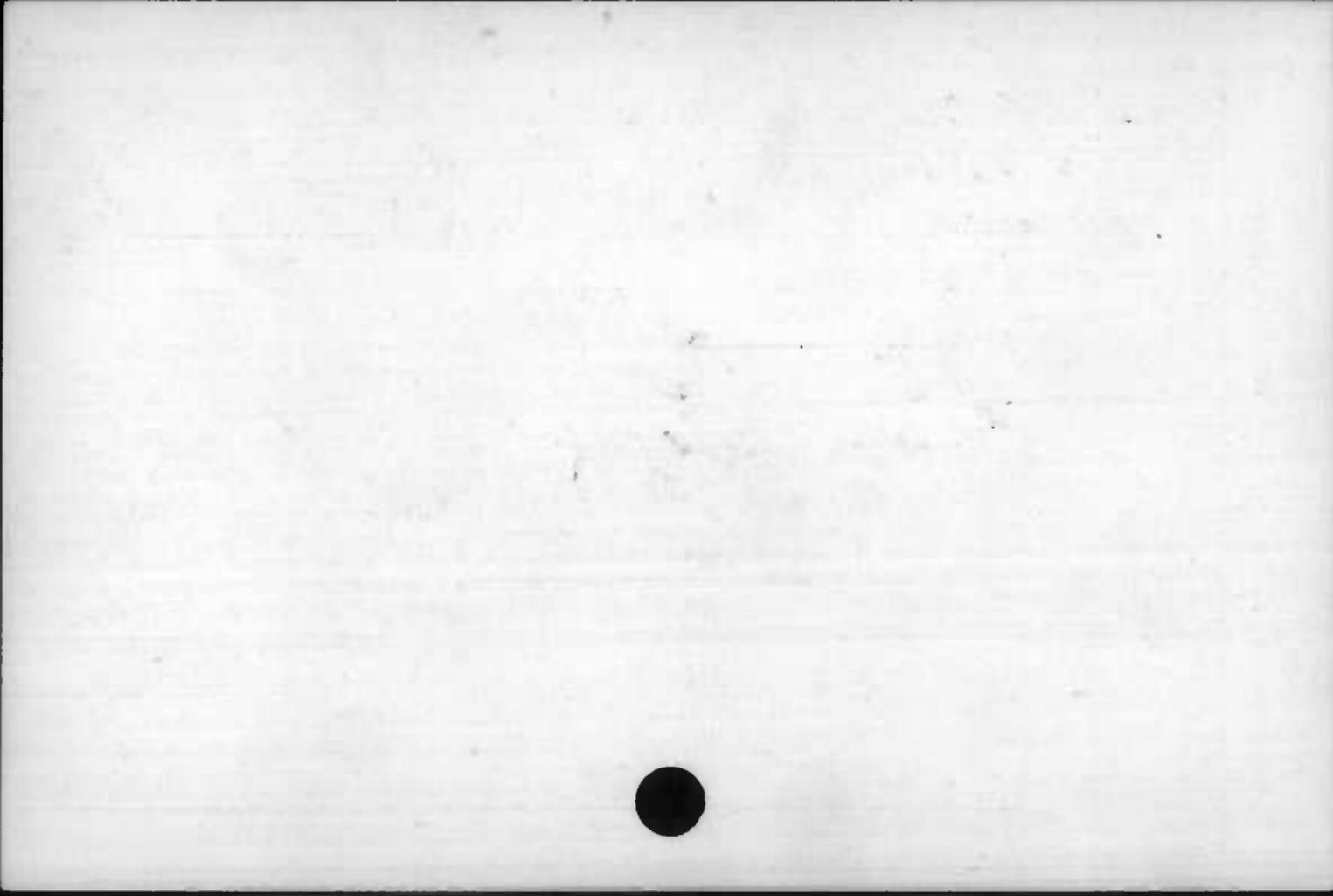
Address

Limestone,

Pa.

No.

Accident or Suicide?



William M. Hobbs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Gorsuch		Town Town		County Carroll		MARYLAND	
Date of death 1909	Month Mar.	Day 23	Age 58	Years 58	Months 2	Days 18	
Sex male	Color or Race white	Where Residing If not at place of death		Birthplace Carroll Co. Md.			
Occupation Farmer							
Married, Single or Widowed Married	Name of Wife or Husband Hattie Hobbs						
Father's Name Gustavas Hobbs			Father's Birthplace Howard Co. Md.				
Mother's Maiden Name Elen Hipsley			Mother's Birthplace Carroll Co. Md.				
Name of person giving Information Mrs Caroline Scrivener			How related to deceased Sister				

CAUSES OF DEATH

27

Primary **Chronic Bronchial Disease-Intercular** - **8 Months**

How long

Immediate **Pneumonia** **8 days.**

How long

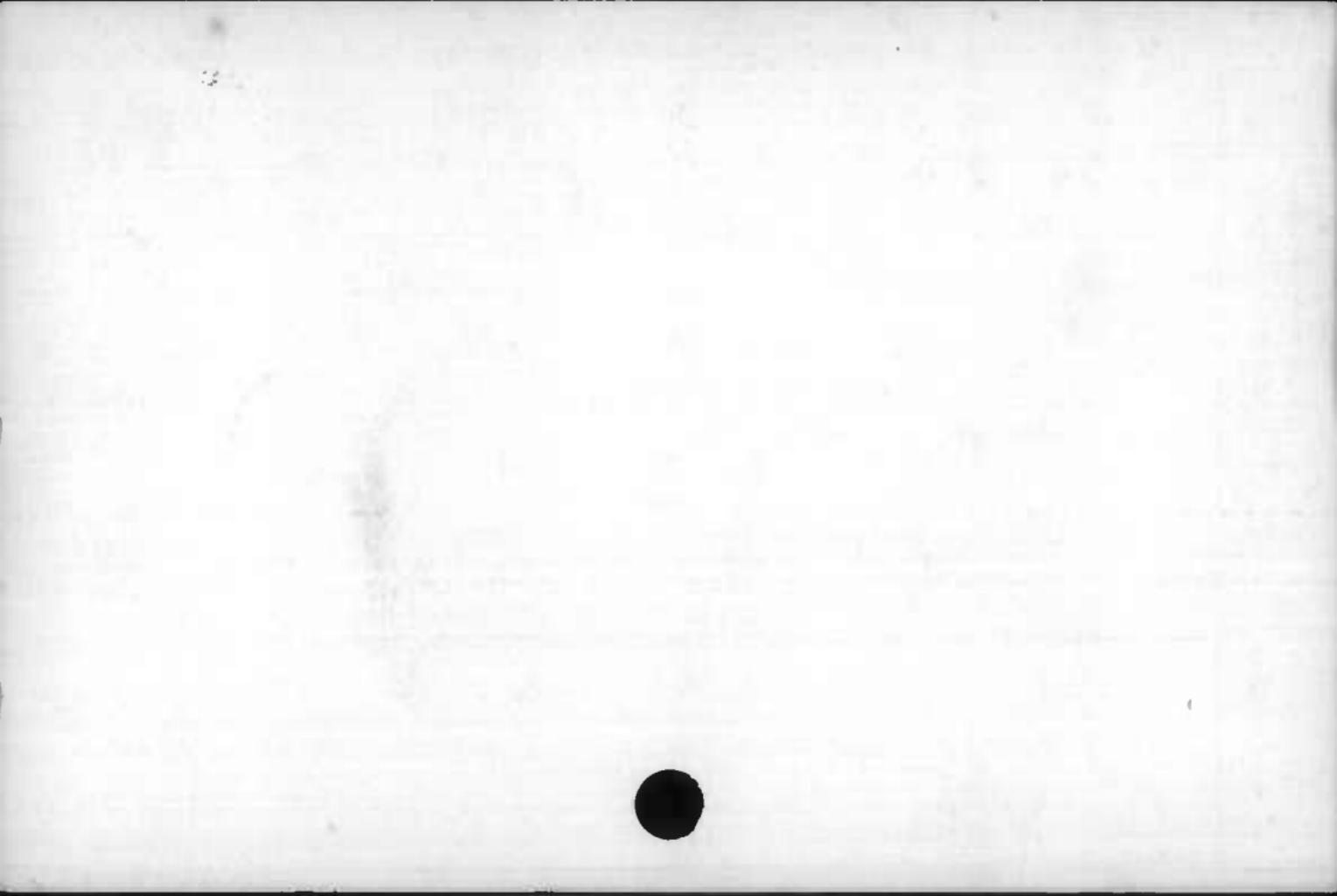
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

Daniel B. Sprecher
Sykesville, Md.PHYSICIAN
OR CORONERAccident or Suicide? **no.**



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elsie Belle Jenkins

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	Female	Color or Race	White	Age	33	9 14
Occupation	Housewife		Where Residing if not at place of death	Lennings		
Married, Single or Widowed	Married	Name of Wife or Husband	Edgar P. Jenkins	Father's Birthplace	Maryland	
Father's Name	Wm Franklin			Mother's Birthplace	Maryland	
Mother's Maiden Name	Mary Ricker			How related to deceased	Maryland	
Name of person giving information	Edgar P. Jenkins			Husband		

CAUSES OF DEATH

27

How long

18 months

How long

24 hours

Primary

Pulmonary Tuberculosis

Immediate

Emphysema of Heart

Are the name, age, sex, color, date and place correctly given above?

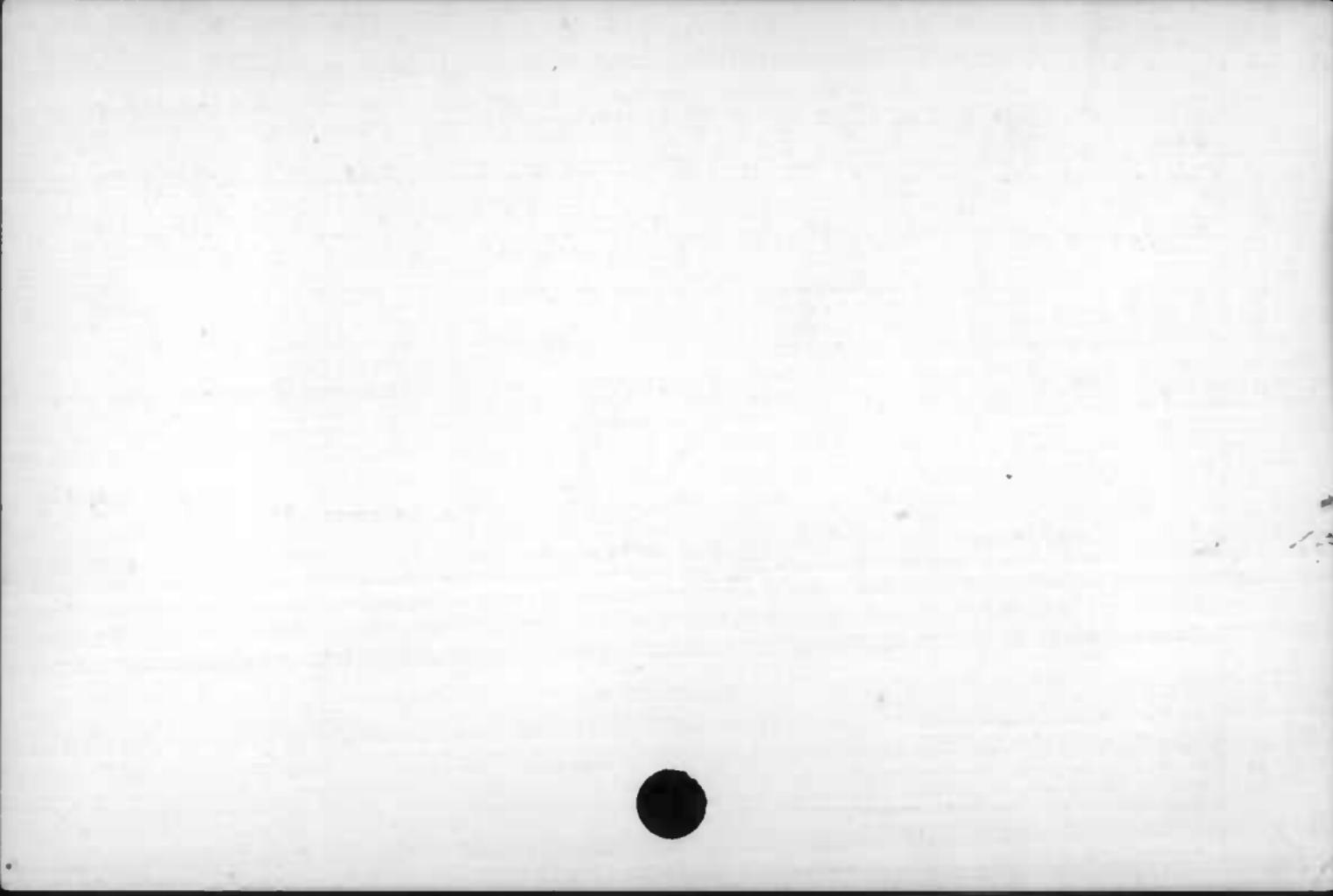
yes

Signature of Physician

Address

John Scotty
New Windsor
Md.

Accident or Suicide?



Name
in
Full

Sarah Herfer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town		County		MARYLAND		
Died at Union Bridge		Carroll				
Date of death 1909	Month 3	Day 23	Years 80	Months —	Days —	
Sex Female	Color or Race white	Birth-place Md				
Occupation Housewife	Where Residing If not at place of death 112 West Street					
Married, Single or Widowed Single	Name of Wife or Husband George W Herfer	Father's Birthplace Md				
Father's Name William Perry	Mother's Birthplace Md					
Mother's Maiden Name Margaret Shriver	How related to deceased Nephew					
Name of person giving Information W. C. Herfer						

CAUSES OF DEATH

112

How long

6 months

How long

6 weeks

Primary

Hepatitis Chronic

Immediate

General debility

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

James Watt H. D.
Union Bridge
Md

Accident or Suicide

2
3
4



Name
in
Full

Patrick Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	OWN		County	MARYLAND	
	Month	Day	Years	Months	Days
Date of death	1909	March	23	21	Age 68
Sex	Male	Color or Race	White	Birth-place	Ireland
Occupation	Labourer				
Where Residing if not at place of death		Springfield State Hosp			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown				
Mother's Maiden Name	Unknown				
Name of person giving Information	Hospital Records				

CAUSES OF DEATH

116

Primary

Senile Dementia

How long

11 years

Immediate

Acute Peritonitis

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

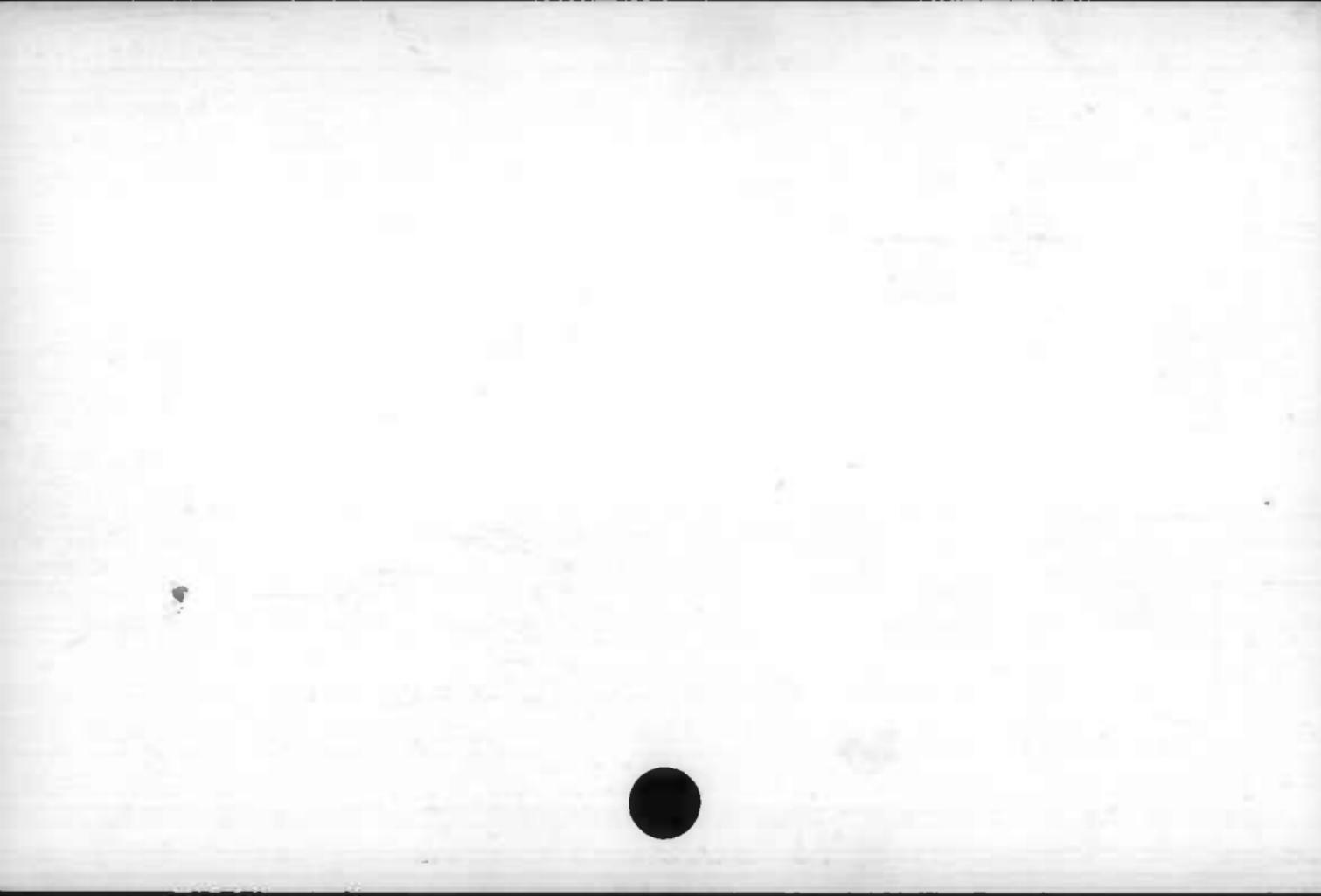
Address

Earl H. Snarey
Springfield State Hosp
Sykesville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

N.



Name
in
Full

Benjamin F. Langford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Springfield Hospital		County Garrett		MARYLAND	
Date of death 1909	Month March	Day 29	Age 41	Months	Days
Sex M	Color or Race W	Birth- place Md			
Occupation Cutter - packer	Where Residing if not at place of death				
Married, Single or Widowed Single	Name of Wife or Husband		Father's Name Louis Langford		
Father's Name Louis Langford		Father's Birthplace Md			
Mother's Maiden Name Mary (unknown)			Mother's Name Mary (unknown)		
Mother's Birthplace Md		How related to deceased			
Name of person giving Information Hospital records					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

General Paroxysm

64

How long

over 2 years

Immediate

Central apoplexy

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

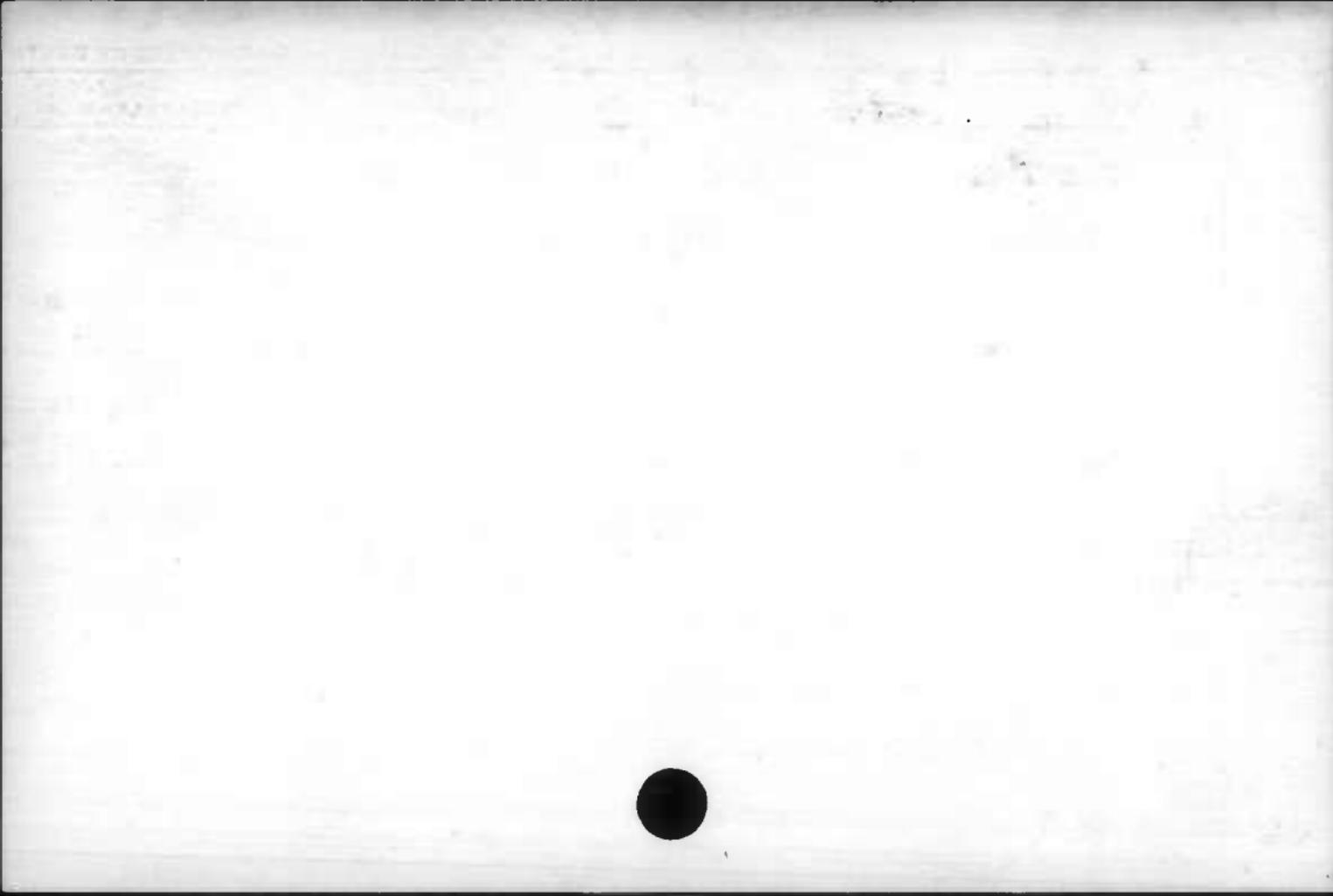
Signature of
Physician

Address

Chas. J. Conley

Accident or Suicide

No



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Carrollton</u>		County <u>Carroll</u>		MARYLAND	
Date of death <u>1909 March 28</u>	Month <u>March</u>	Day <u>28</u>	Years <u>83</u>	Months <u>.</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Carroll Co.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death			
Married, Single or Widowed <u>widow</u>	Name of Wife or Husband <u>Elijah Leppe.</u>				
Father's Name <u>John Arbaugh</u>	Father's Birthplace <u>not known</u>				
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>not known</u>				
Name of person giving information <u>Joseph B. Leppe</u>	How related to deceased <u>son.</u>				

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary

old age

How long

Immediate

exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

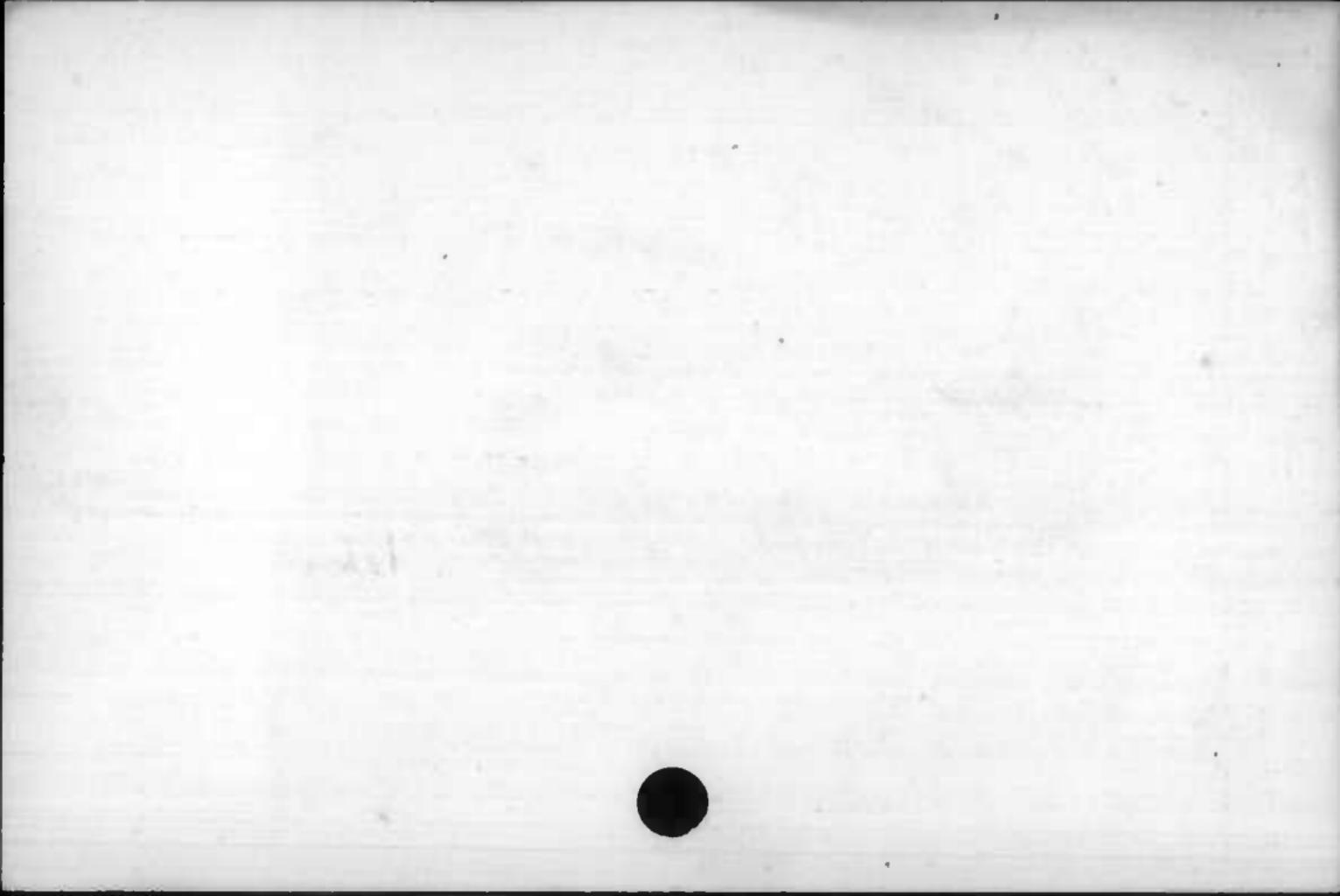
yes

Signature of Physician

Address

Henry M. Tighay M.D.
Westminster.

Accident or Suicide?



Name
in
Full

Joseph Linton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died near Grist		County Carroll		MARYLAND	
Date of death 1909	Month March	Day 8	Age 57	Months 9	Days 23
Sex Male	Color or Race White	Birth- place			
Occupation Huckster	Where Reading if not at place of death Same				
Married, Single or Widowed Single	Name of Wife or Husband —	Father's Birthplace Md.			
Father's Name John Linton	Mother's Birthplace Md				
Mother's Maiden Name Miranda	How related to deceased Nephew				
Name of person giving Information Ernest Linton					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

nephritis

120

How long

2 yrs

Immediate

Pulmonary Oedema

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

MD Morris
Eldersburg

Accident or Suicide

Name
in
Full

Minnie 6 McCarter

450

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Months	Days
Sex	Age	Years		
Occupation	Color or Race	Birthplace	Maryland	
Married, Single or Widowed	Name of Wife or Husband	Where Residing if not at place of death	William J. McCarter	
Father's Name	John Kelley		Father's Birthplace	Maryland
Mother's Maiden Name	Emma Murfond		Mother's Birthplace	Maryland
Name of person giving Information	William McCarter		How related to deceased	Husband

CAUSES OF DEATH

137

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Purpural Fever

How long

Two Weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Joseph Stewart
Methodist
Md

Accident or Suicide

St. John's Catholic.
Cemetery. Stoner.

Name
in
Full

Kate Mason

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Springfield Hospital -		County Carroll		MARYLAND	
Date of death 1909	Month March	Day 14 th	Age 59	Years	Months
Sex Female	Color or Race	White		Days	
Occupation House keeper	Where Residing if not at place of death Unknown		Birth-place Sykesville Md -		
Married, Single or Widowed Widow	Name of Wife or Husband Unknown	Father's Name John Thompson		Father's Birthplace Md.	
Mother's Maiden Name Rebecca	Mother's Birthplace Md.		How related to deceased None		
Name of person giving Information Hospital records -	CAUSES OF DEATH		27 How long ? weeks.		

PHYSICIAN
OR CORONER

Primary
Pulmonary Tuberculosis

Immediate
Exhaustion

Are the name, age, sex, color, date
and place correctly given above ?

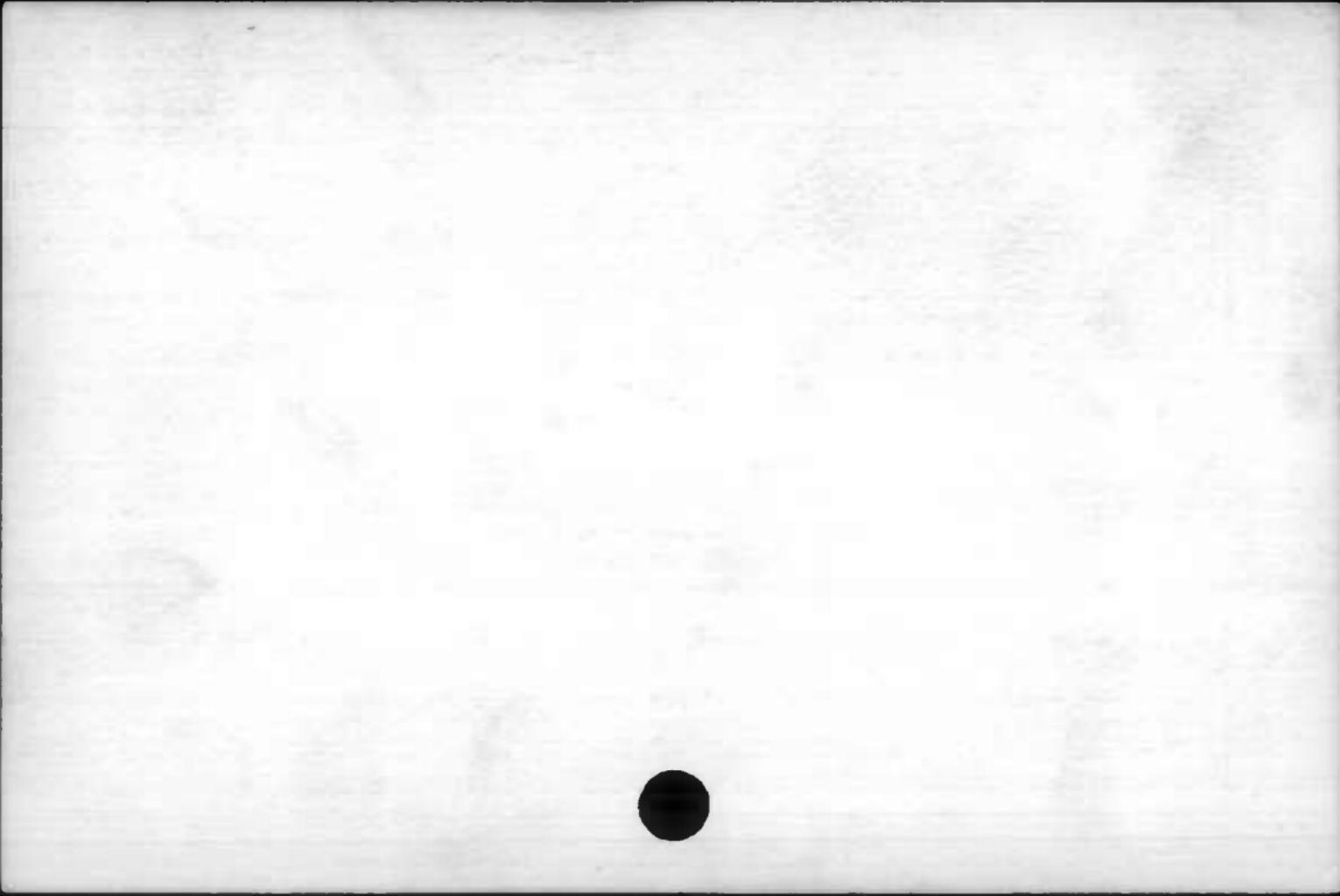
yes.

Signature of
Physician

Address

W. Henry Fisher M.D.
Sykesville
Md -

Accident or Suicide



Name
in
Full

Zoris Michael

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Sylserville		Carroll				
Date of death	Month	Day	Years	Months	Days	
1909	March	25 th	38			
Sex	Male	Color or Race	White	Birth-place	Virginia	
Occupation	Trucking Salesman		Where Residing if not at place of death	Springfield State Hosp.		
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Unknown	
Father's Name	Unknown			Mother's Birthplace	Unknown	
Mother's Maiden Name	Unknown			How related to deceased	Unknown	
Name of person giving information	Hospital records					

CAUSES OF DEATH

Primary

General Paresis

67

How long

Immediate

Exhaustion

2 1/2 yrs
Progressive

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Earl H. Snarey
Springfield State Hosp.
Sylserville, Md.

PHYSICIAN
OR CORONER

Accident or Suicide

No.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

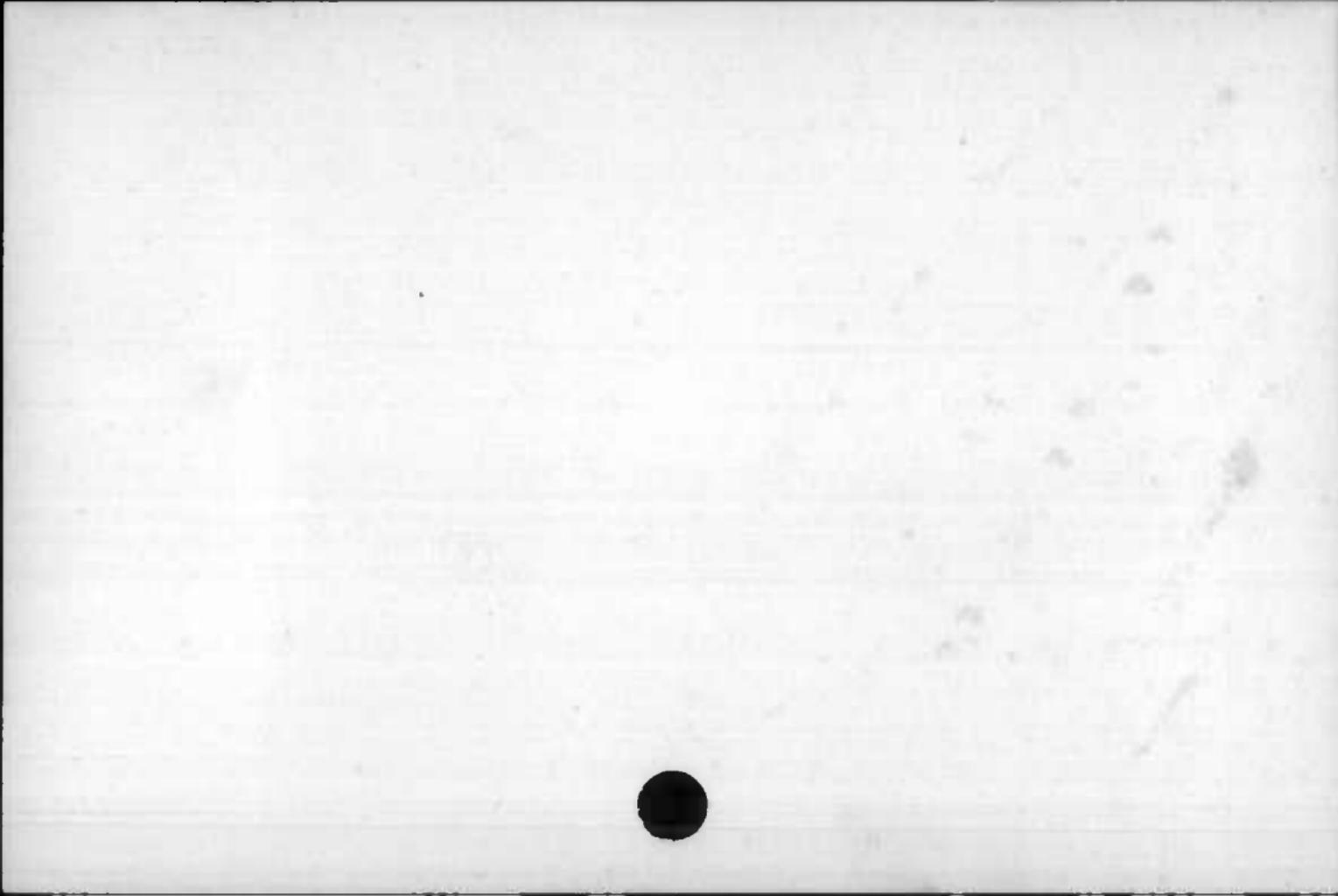
PHYSICIAN
OR CORONER

Alvin Emerson Myers

CERTIFICATE OF DEATH

Died at <u>Hampstead</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>3</u>	Day <u>8.</u>	Age <u>X</u>	Years <u>X</u>	Months <u>X</u>	Days <u>1</u>	
Sex <u>Male.</u>	Color or Race <u>White</u>	Birth-place <u>Hampstead Md.</u>					
Occupation <u>X</u>	Where Residing If not at place of death <u>Same</u>						
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>- X</u>						
Father's Name <u>William F. Myers.</u>	Father's Birthplace <u>Fowlersburg Md.</u>						
Mother's Maiden Name <u>Jessie L. Harris</u>	Mother's Birthplace <u>Hampstead Md.</u>						
Name of person giving Information <u>Wm F. Myers.</u>	How related to deceased <u>Father</u>						
CAUSES OF DEATH							
Primary	<u>85</u> How long <u>3 hrs</u>						
Immediate <u>Heart Failure</u>	<u>1 hr</u>						

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address
<u>yes.</u>	<u>Edgar M. Bush, M.D.</u> <u>Hampstead Md.</u>
Accident or Suicide? <u>X</u>	



Name
in
Full

Henry K. Myer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

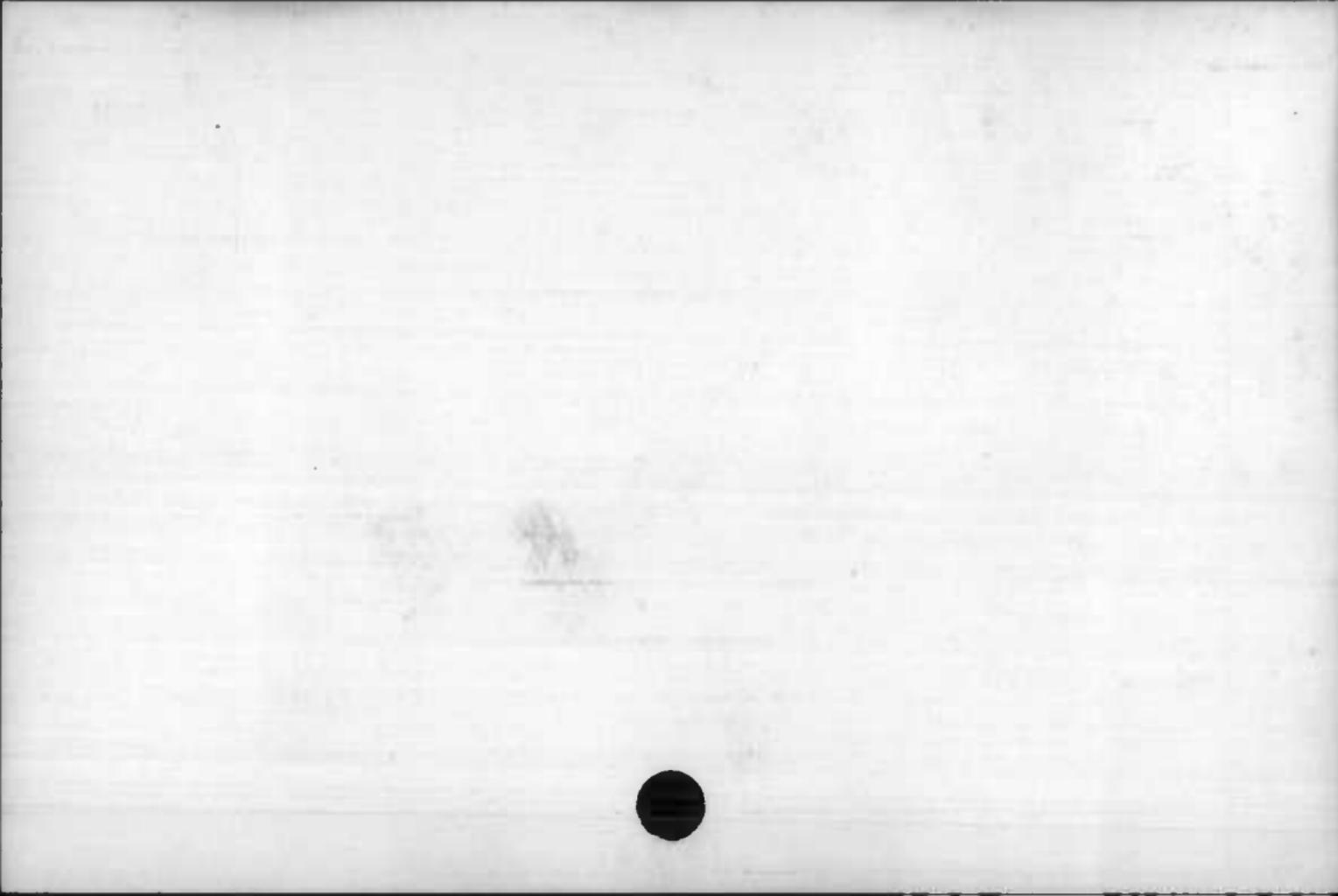
PHYSICIAN.
OR CORONER

Died at <u>Mt. airy</u>		Town <u>Boonsboro</u>		County <u>Calvert</u>		MARYLAND	
Date of death <u>1909</u>	Month <u>Mar</u>	6	Day	Age <u>74</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Negro</u>			Birth-place <u>Mt. airy, Md.</u>			
Occupation <u>Laborer</u>			Where Residing if not at place of death <u>Mt. airy.</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband <u>unknown</u>						
Father's Name <u>Ned Myer</u>					Father's Birthplace <u>unknown</u>		
Mother's Maiden Name <u>unknown</u>					Mother's Birthplace <u>unknown</u>		
Name of person giving information <u>Daughter Ruth E. Myer</u>					How related to deceased <u>Daughter</u>		

CAUSES OF DEATH

15⁴

Primary <u>Old Age</u>	How long <u>✓</u>
Immediate <u>Old Age</u>	How long <u>✓</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Franklin S. Lewis</u>
	Address <u>Coroner</u>
Accident or Suicide? <u>N. S. -</u>	



Name
in
Full

Victor Lorenzo Peene

454
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	Town	Carroll	County	MARYLAND	
Date of death	1909	Month Mar	Day 19	Age 55	Years	Months 5
Sex	Male	Color or Race	white	Birth-place	Days 27	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Single	Name of Wife or Husband				
Father's Name	Lorenzo Peene		Father's Birthplace	Maryland		
Mother's Maiden Name	Pearl Buckingham		Mother's Birthplace	Maryland		
Name of person giving information	Lorenzo Peene		How related to deceased	Father		

CAUSES OF DEATH

8

How long
10 days

How long

PHYSICIAN
OR CORONER

Primary

Pneumonia & Whooping Cough

Immediate

Respiratory Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

J. L. Bauman

Address

Weston - Md

Accident or Suicide?

Bethel Cemetery Winfield
Stonewall

Name
in
Full

George Phillips

455
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	69	1	18
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alonzo	Known	Father's Birthplace	Wilmington	
Mother's Maiden Name	"	"	Mother's Birthplace	Antioch	
Name of person giving information	August Hembert				
How related to deceased Friend					

CAUSES OF DEATH

93

Primary

Pneumonia

How long

3 day.

Immediate

Heart.

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. S. Mathias.

Westminster
Md.

Accident or Suicide?

County Home Cemetery
Stoners,

Elsie May Pickett

CERTIFICATE OF DEATH

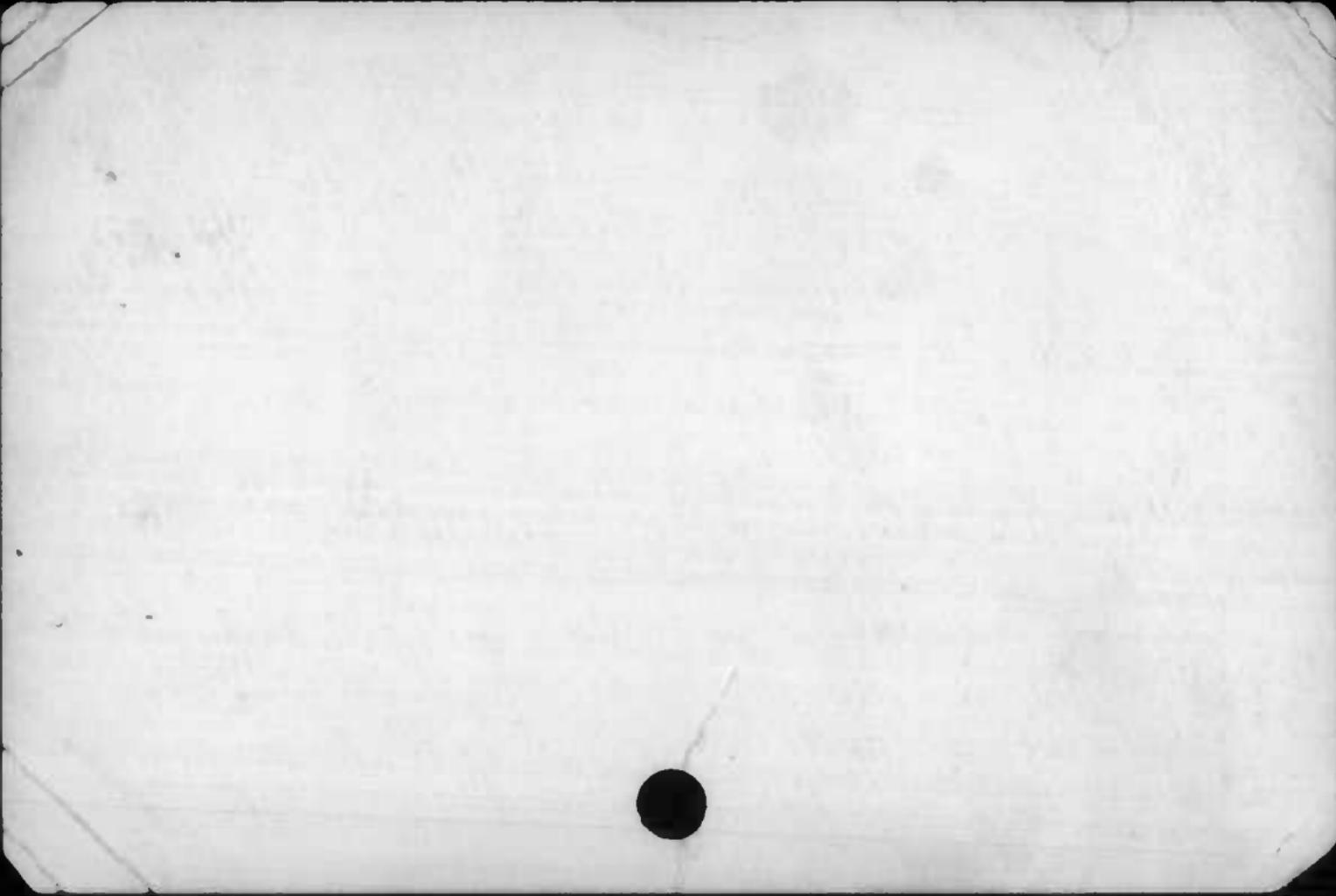
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Mar.	15	Age 31	11	4	
Sex	Female	Color or Race	white	Birth-place	Carroll Co.	
Occupation	House wife		Where Residing if not at place of death	same		
Married, Single or Widowed	Married	Name of Husband	Howard W Pickett			
Father's Name	Fletcher A Baily		Father's Birthplace	Carroll Co		
Mother's Maiden Name	Sarah Pennington		Mother's Birthplace	Carroll Co.		
Name of person giving Information	Howard W Pickett		How related to deceased	Husband		

CAUSES OF DEATH

137

Primary	Child-birth		How long	—
Immediate	Puerperal Peritonitis		How long	3 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	E D Crouk
			Address	Wingfield Carroll Co.
Accident or Suicide?				



Name
in
Full

Lewis C. R. E. Reaver.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <u>near Taylorsville</u>		Town <u>Taylorsville</u> County <u>Carroll</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>3</u>	Day <u>9</u>	Age <u>24</u>	Years	Months <u>1</u>	Days <u>26</u>
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>				
Occupation <u>Labors</u>	Where Residing if not at place of death <u>near Taylorsville</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>					
Father's Name <u>George F. Reaver</u>				Father's Birthplace <u>Carroll Co., Md.</u>		
Mother's Maiden Name <u>Lemuria Long</u>				Mother's Birthplace <u>Fred. Co. Md.</u>		
Name of person giving information <u>Geo. F. Reaver</u>				How related to deceased <u>Father</u>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>Two years.</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. T. Crook.</u>
	Address <u>Mt. Airy Md</u>
Accident or Suicide? <u>—</u>	

Bettany.

Name
in
Full

Conrad Reinhardt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
1909	Sykesville	Carroll	Month	Day	Year
Date of death	Month	Day	Age	88	Month
Sex	male	Color or Race	white	Birthplace	Germany
Occupation	Carpenter				
Where Reiding if not at place of death	Springfield State Hosp.				
Married, Single or Widowed	Widower	Name of Wife or Husband	Unknown		
Father's Name	John Reinhardt				
Mother's Maiden Name	Unknown				
Name of person giving Information	Hosp. Records				
CAUSES OF DEATH					
Primary	Senile Dementia				
How long	1/2 years.				
Immediate	Hypostatic congestion of the lungs				
How long	7 days				

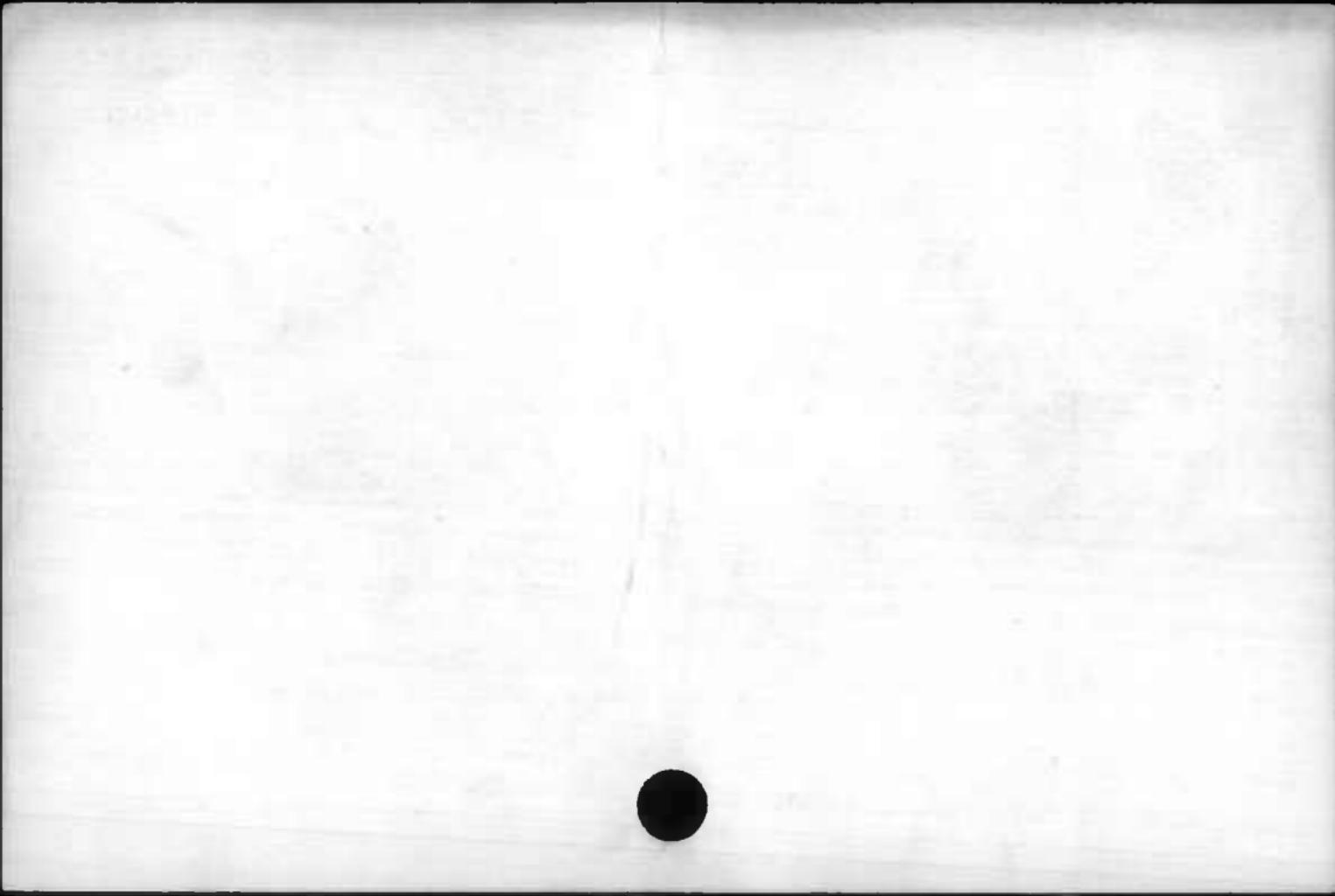
154

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Earl H. Smarely
Address
Springfield State Hosp.
Sykesville, Md.

Accident or Suicide



Name
in
Full

Elizabeth Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

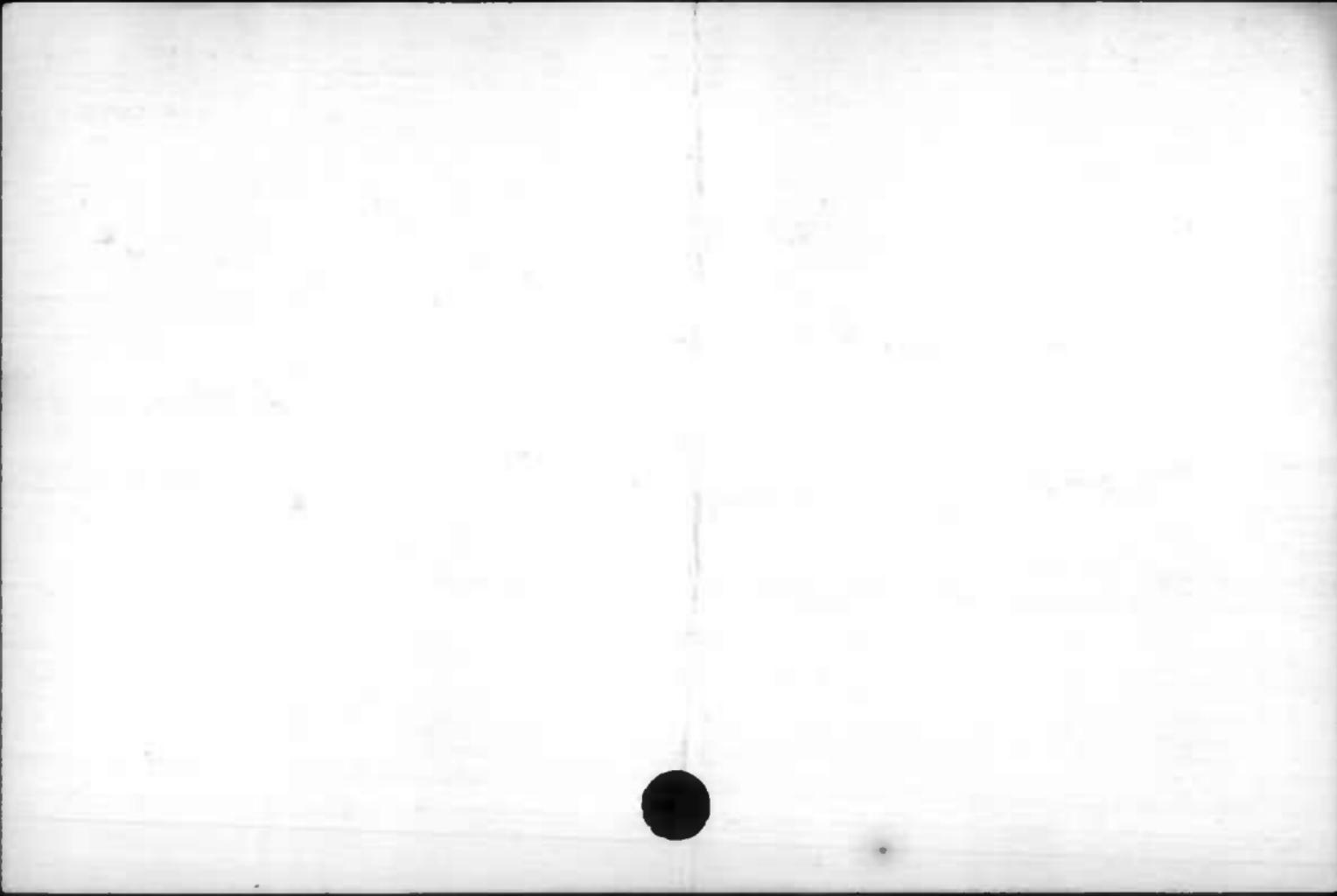
PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Died at		Sykesville	Carroll			
Date of death	Month	Day	Year	Month	Day	
1909	March	18 ⁴	69			
Sex		Color or Race	Age		Birthplace	
Female		White	69		Virginia	
Occupation		Where Residing if not at place of death			-	
None						
Married, Single or Widowed		Name of Wife or Husband		-		
Single						
Father's Name		John T. Rice		Father's Birthplace		Va.
Mother's Maiden Name		Mary Robinson		Mother's Birthplace		Va.
Name of person giving Information		Mrs Mary S. Robinson		How related to deceased		Sister

CAUSES OF DEATH

154

Primary	Senile Dementia		How long	over one year	
Immediate	Exhaustion from Malnutrition		over 3 weeks		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	John Norfolk Morris M.D.	
			Address	Springfield State Hospital Sykesville, Carroll Co. Md.	
Accident or Suicide					



Name
in
Full

Elizabeth Robison

451
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Female	Color or Race	Age	
Occupation	none	Where Residing if not at place of death		
Married, Single or Widowed	single	Name of Wife or Husband	Maryland	
Father's Name	Jesse Robison	Father's Birthplace	Maryland	
Mother's Maiden Name	Carrie Carr	Mother's Birthplace	Maryland	
Name of person giving Information	Jesse Robison	How related to deceased	Father	

CAUSES OF DEATH

Primary

Premature Birth
at 7 month. Heart Failure

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Chas. R. Touch
Wrestmaster
Md

Accident or Suicide

151

How long

How long

Warfield's burg Amherst
Stone

Name
in
Full

Franklin R. Rouse

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Sykesville

Town

County

MARYLAND

Date
of death

1909

Month

Day

Years

Montha

Daya

2nd Age 73

Sex

Male

Color or
Race

White

Birth-
place

Ind.

Occupation

Stock Buyer

Where Residing if not
at place of death

Springfield State Hos.

Married, Single
or Widowed

Married

Name of Wife or
Husband

Unknown

Father's
Name

Robert H. Rouse

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Hospital Records

How related
to deceased

Primary

CAUSES OF DEATH

64

How long

4 years

Immediate

Senile Dementia

How long

3 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

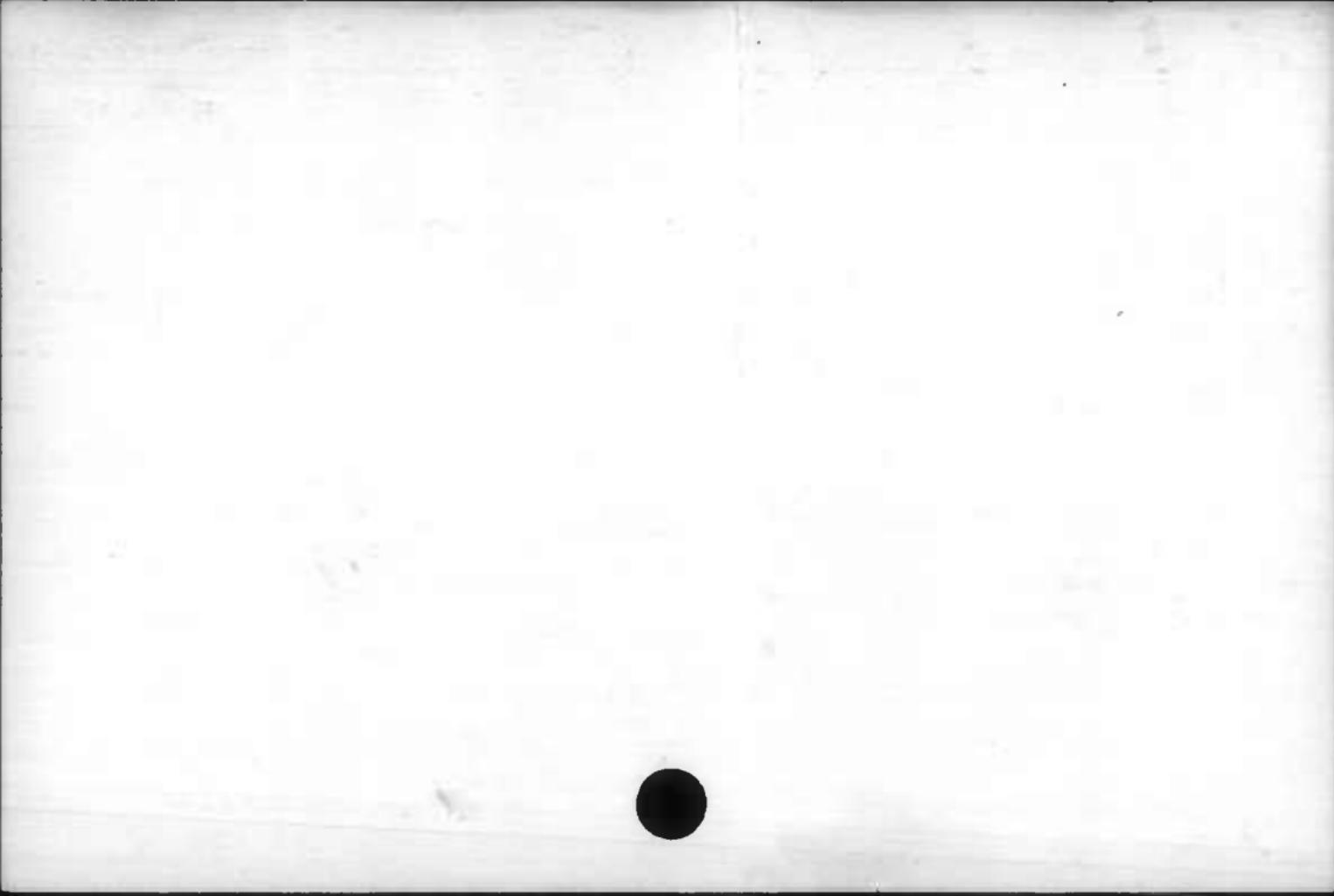
Address

Carl H. Szwarcy

Springfield State Hos.
Sykesville, Ind.

PHYSICIAN
OR CORONER

Accident or Suicide



**Name
in
Full**

TO BE ANSWERED BY
NEAREST FRIEND

NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month 3	Day 30	Age 50	Years	Months 6	Days 2
Sex	Female	Color or Race	White	Birth-place Jefferson			
Occupation	House Wife		Where Residing if not at place of death	Larkbush			
Married, Single or Widowed	Married	Name of Wife or Husband		George Rupp			
Father's Name	Leonard Kopf		Father's Birthplace German				
Mother's Maiden Name	Mary Miller		Mother's Birthplace " " " " 1900				
Name of person giving information	George Rupp		How related to deceased Husband				

CAUSES OF DEATH

54

PHYSICIAN
OR CORONER

19

Primary	Pernicious Anaemia	How long	3 years
Immediate	<u>Angina Pectoris</u>	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. H. Sherman
		Address	Manchester Md



Name
in
Full

Mary Jayne Sappington

453
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at Westminster Town Carroll County MARYLAND
Date of death 1909 Month Mar Day 16 Age 44 Months 16 Days 16
Sex Female Color or Raca Colored Birth-placa Maryland
Occupation General Museum Whara Residing if not at place of daath
Married, Single or Widowed Single Name of Wife or Husband Perry Sappington Father's Birthplace Virginia
Mother's Maiden Name Louisa Estelle Mother's Birthplace Virginia
Name of person giving information Edward Dorsey How related to deceased Brother

PHYSICIAN
OR CORONER

Primary

Hard work & exposure.

Immediate

Bronchitis

Are the name, age, sex, color, date and place correctly given above?

Yes
so far as I know

Signature of Physician

Address

L. P. Shupley, M.D.
Westminster Md.

Accident or Suicide

91

How long

How long

Same year
6 months.

Signature

Address

Signature

St Ellsworth cemetery
Steuer ✓

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

David Shaffer						CERTIFICATE OF DEATH		
Died at Greenwich Carroll			County			MARYLAND		
Date of death 1909	Month 3	Day 14	Age 81	Years	Months	27	Days	
Sex Male	Color or Race white		Birth-place Carrollton					
Occupation Farmer	Where Residing If not at place of death							
Married, Single or Widowed Widower	Name of Wife or Husband Annie Shaffer							
Father's Name Moses Shaffer	Father's Birthplace Not Known							
Mother's Maiden Name Not Known	Mother's Birthplace " "							
Name of person giving information Moses Shaffer	How related to deceased Son							

CAUSES OF DEATH

Primary Valvular disease of Heart with Dwyng 2 yrs.
Immediate Heart Failure How long 10 minutes

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician J. H. Preston M.D.
Address Manchester,
Md.

Accident or Suicide?



Name
in
Full

Victoria Shaffer ✓

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month March	Day 19	Age 65	Years 65	Months 11	Days 3
Sex	Female	Color or Race	White		Birth-place	Westminster	
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Joshua Shaffer				
Father's Name	David Stroga		Father's Birthplace	Unknown			
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown			
Name of person giving information	Joshua Shaffer		How related to deceased	Husband			

CAUSES OF DEATH

44

Primary
Carcinoma of umbilicus

How long

4 years

Immediate
Gangrene

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

yes

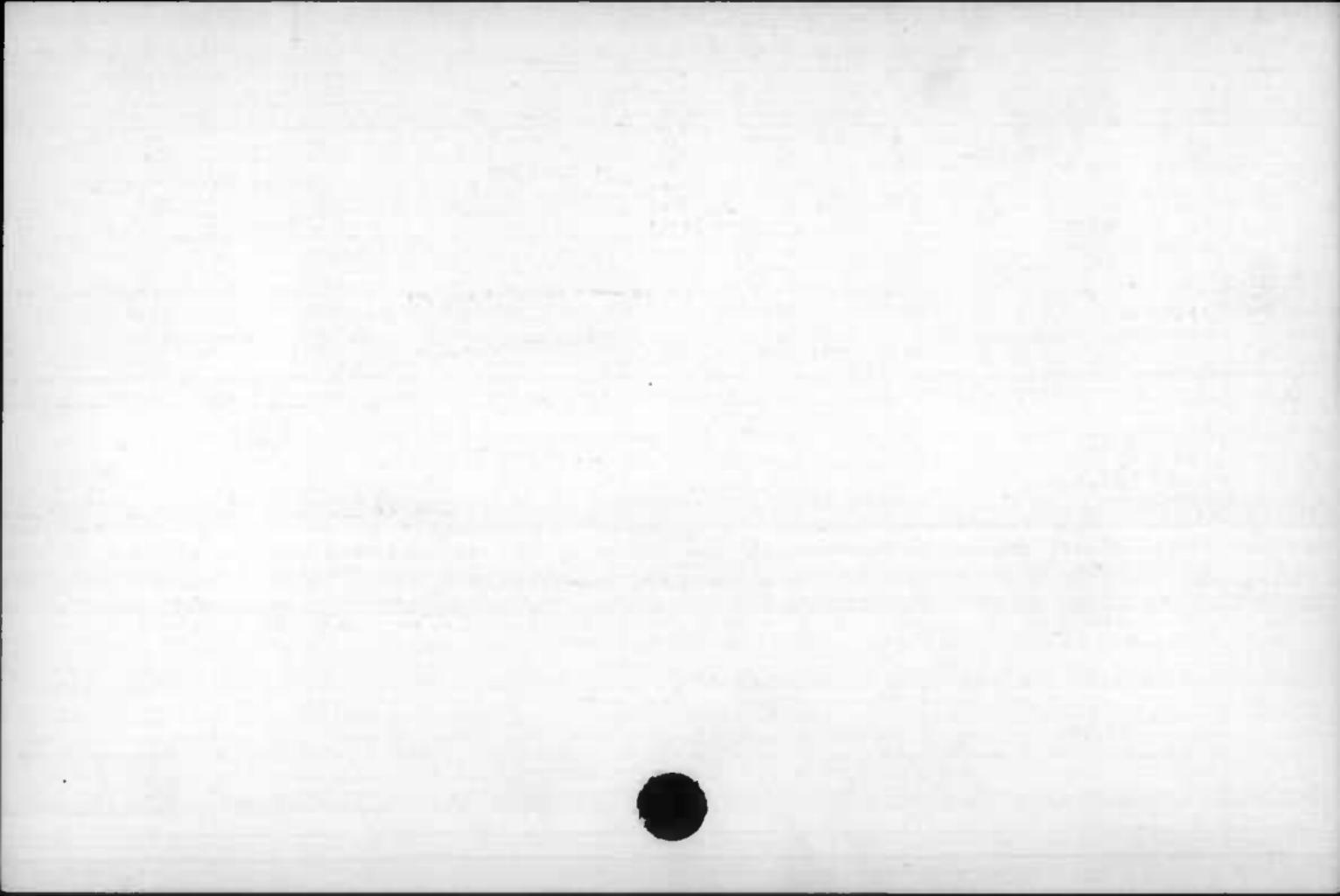
Signature of Physician

Address

J H Sherman M.D.
Montgomery
Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death 190		Month 9	Day 23	Years 78	8 Months	3 Days
Sex	Male	Color or Race	white		Middleburg, Md.	
Occupation	Farmer & Miller		Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Widower	Name of Wife or Husband	wife - deceased -		Staneytown, Md.	
Father's Name	John J. Shriner				Mother's Birthplace	
Mother's Maiden Name	Anna Stultz				Unknown	
Name of person giving Information	Eda Shiledt				How related to deceased	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Disease of heart

How long

Several years

Immediate

Paralysis of heart

How long

Sudden

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

C. V. Diller

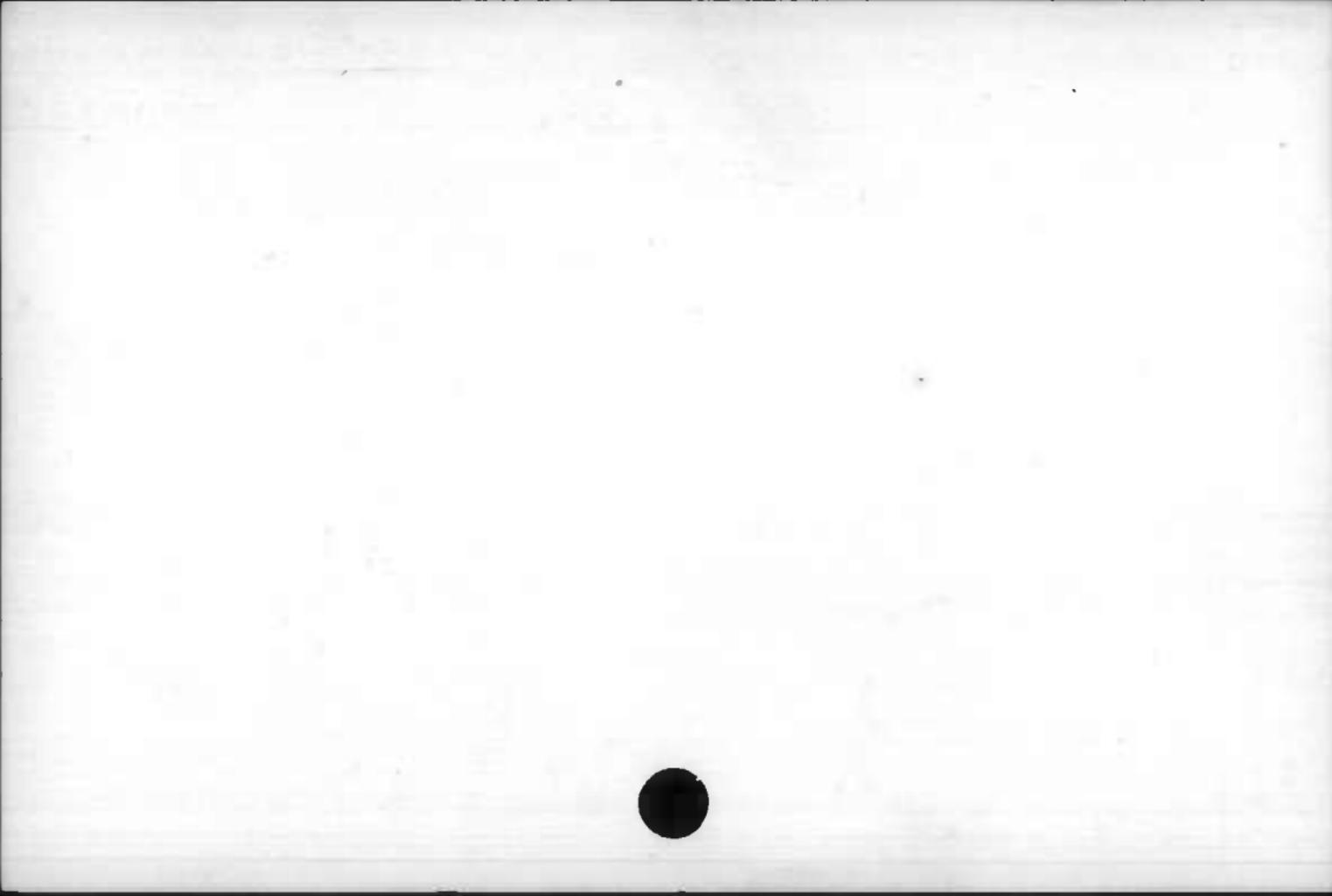
Address

Detour

Maryland

Accident or Suicide

M -



Name
in
Full

Thomas S. Stabler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Springfield Hospital		County Carroll		MARYLAND	
Date of death	Month	Day	Year	Months	Days
1909	March	29	70		
Sex	Mr.	Color or Race	White	Birth-place	Virginia
Occupation	Tobacconist				
Married, Single or Widowed		Where Residing if not at place of death			
Unstated		Unstated			
Father's Name	Ruth. Stabler				
Mother's Maiden Name	Mary (unstated)				
Name of person giving Information					

CAUSES OF DEATH

Primary

Chr. Nephritis

How long

5 years

Immediate

Uraemia

How long

10 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

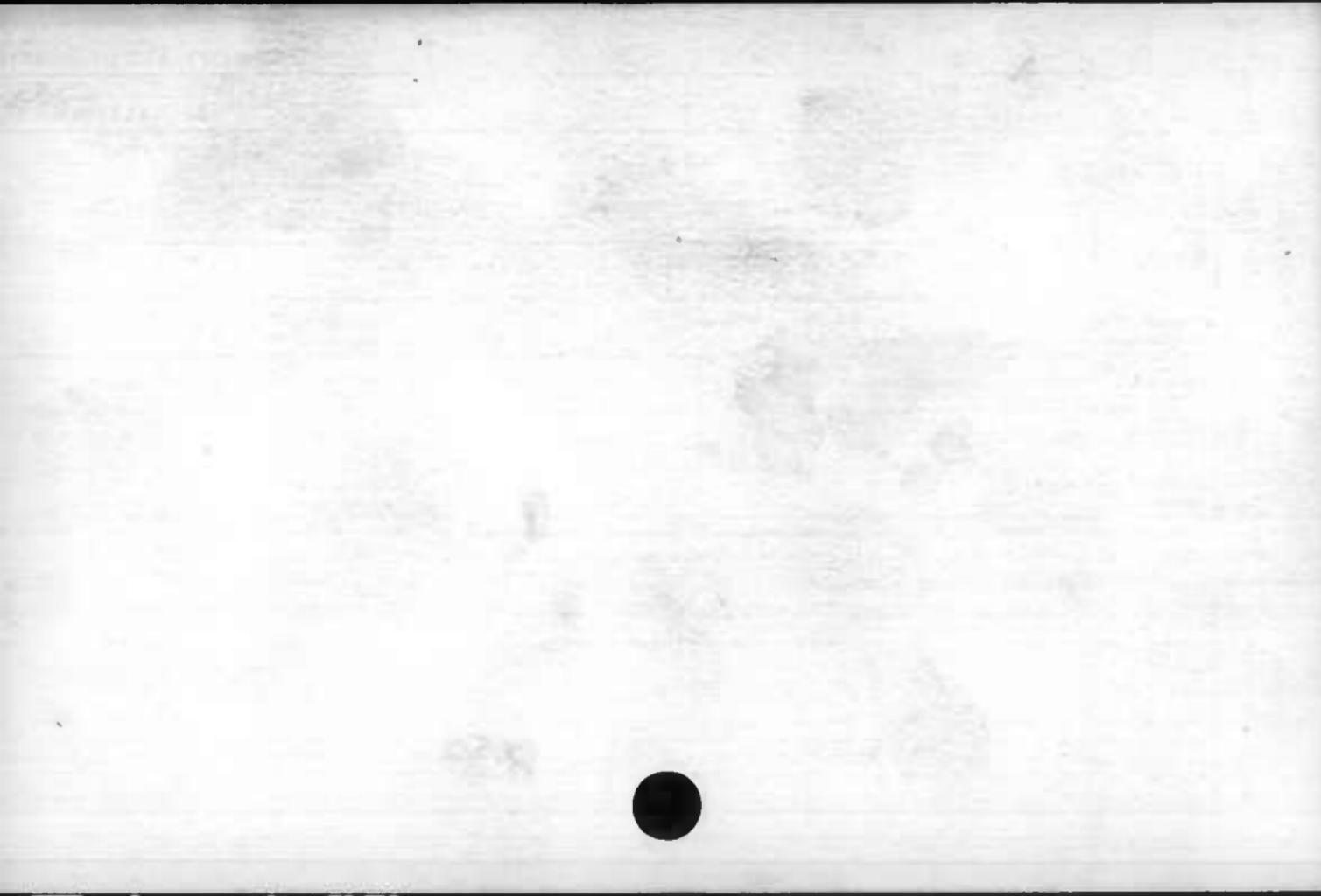
Address

Chas. J. Casey
Sykesville Md.

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

Leah Stuller

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at New Windsor		County Carroll	MARYLAND			
Date of death 1909	Month March	Day 10	Age 79	Years	Months 1	Days 15-
Sex Female	Color or Race White	Birth-place Maryland				
Occupation Housewife	Where Residing if not at place of death New Windsor					
Married, Single or Widowed Widowed	Name of Wife or Husband John Stuller					
Father's Name Samuel Young	Father's Birthplace Unknown					
Mother's Maiden Name Elizabeth Weinert	Mother's Birthplace Unknown					
Name of person giving Information Edward J. Stuller	How related to deceased Son					

CAUSES OF DEATH

44

Primary

Carcinoma (Nasal)

How long

One year

Immediate

"

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Dr. J. A. Whitehill

Address

**New Windsor
Md**

PHYSICIAN
OR CORONER

Accident or Suicide?



Mary Catherine Wantz						ND 458 CERTIFICATE OF DEATH	
Died at Mt Pleasant		Town Carroll		County MARYLAND			
Date of death 1909	Month Mar	Day 28	Age 68	Years 6	Months 6	Days 7	
Sex Female	Color or Race white			Birth- place Maryland			
Occupation House Keeper	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Noah Wantz						
Father's Name John Hubert	Father's Birthplace Maryland						
Mother's Maiden Name Rachel Wareline	Mother's Birthplace Maryland						
Name of person giving Information Noah Wantz	How related to deceased Husband						

CAUSES OF DEATH

91

How long

How long

Primary: Chronic Bronchitis.

Immediate: Edema of lungs and heart failure

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. Lewis Wetzel Jr. D.

Address: Union Mills

Accident or Suicide? No

Maryland.

Pleasant Valley Cem
stones

Name
in
Full

Mary Ruth Warehime

10457

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1909	Month Mar	Day 26	Years	Months	Days	2
Sex	Female	Color or Race	white		Birth-place	Maryland	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Leonard Warehime			Father's Birthplace	Maryland		
Mother's Maiden Name	Maudela Lucabaugh			Mother's Birthplace	Maryland		
Name of person giving Information	Leonard Warehime			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Traumatism during delivery 48 hrs		
Immediate	Shock - 3 hrs		
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	G. Lewis Wetzel
		Address	Union Mills
Accident or Suicide?	per. Chas. R. Fouz M.D. H.O.		

176

How long

How long

3 hrs

Baehuaw Cemetery
Stonewall

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Ephraim Weury

Town

Died at

Union Bridge

County

Carroll

CERTIFICATE OF DEATH

MARYLAND

Date
of death

1909

Month

Mar

Day

19

Years

72

Months

—

Days

—

Age

72

+

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Jacob Weury

Father's
Birthplace

Md

Mother's
Maiden Name

Elizabeth Keller

Mother's
Birthplace

unknown

Name of person giving
Information

Elijah Weury

How related
to deceased

Sister

CAUSES OF DEATH

Primary

Cerebral Degeneration

65

How long

Immediate

General asthma

—

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

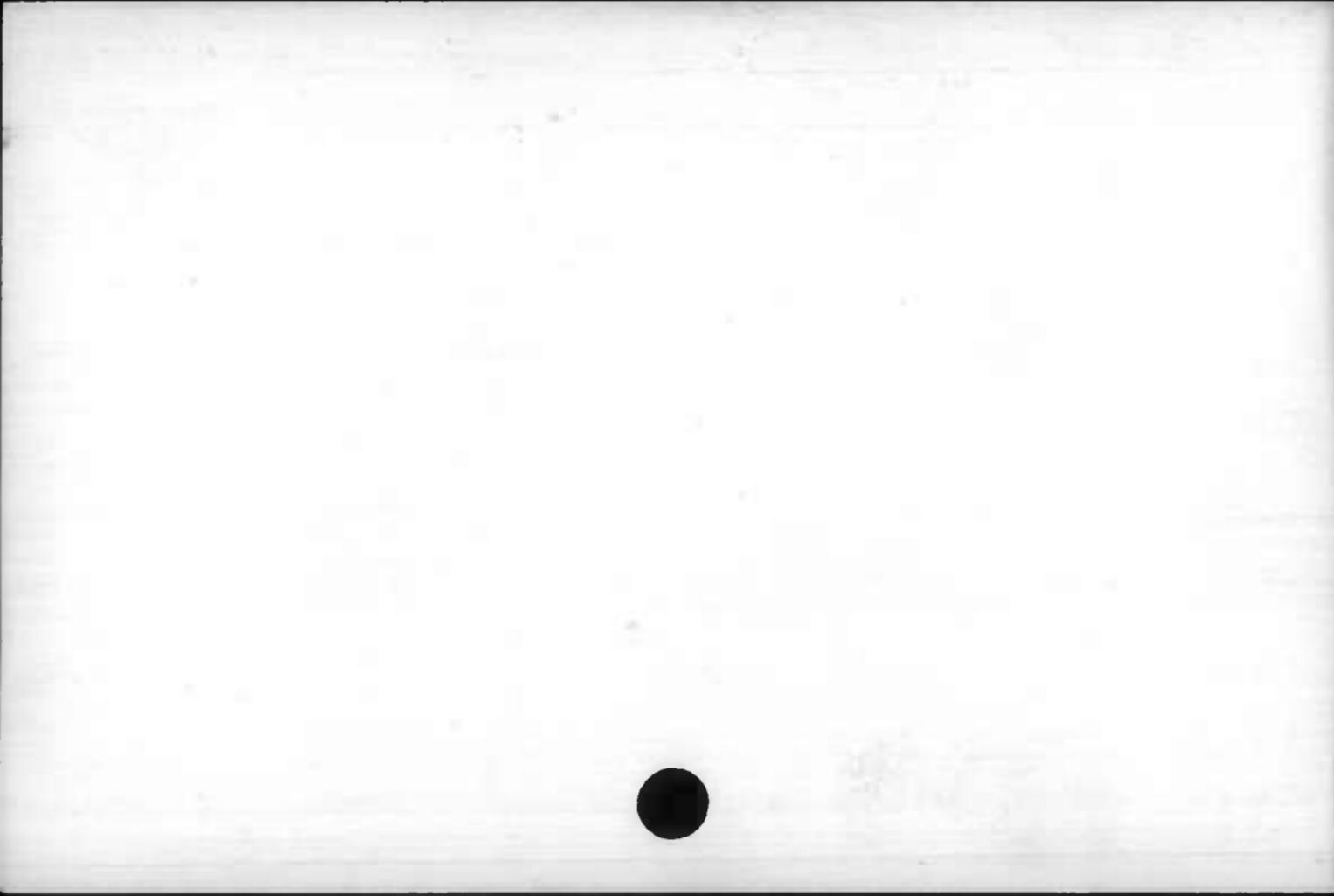
Address

J. H. Legg.

Union Bridge, Md

Accident or Suicide

No.



Name
in
Full

Edward Nero

10457
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Westminster	County	MARYLAND
Date of death	1909	Month	Day
	Mar	24	Age
Sex	Male	Color or Race	White
Occupation	Labourer	Where Residing if not at place of death	County Home,
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Don't know	Father's Birthplace	Don't know
Mother's Maiden Name	Don't know	Mother's Birthplace	Don't know
Name of person giving information	Augustus Humber	How related to deceased	Friend,

CAUSES OF DEATH

79

How long

Primary

Heart Disease

Immediate

" "

How long

Half minutes

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John S. Mathias

Westminster
Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

German Lutheran Cemetery
Stones.

Name
in
Full

Jacob A. Will

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Near Taneytown County Carroll State MARYLAND
Died 9 March Month March Year 18 Age 60 Month 9 Year 0
Date of death 190 Color or Race White Birth place Adams Co Pa
Sex Male Occupation Watchman Where Residing if not
at place of death
Married, Single, or Widowed Widowed Name of Wife or Husband Annie Will
Father's Name Francis Will Father's Birthplace Adams Co Pa
Mother's Maiden Name Margaret McKendrick Mother's Birthplace Adams Co Pa
Name of person giving Information J. A. Smith How related to deceased Son-in-law

CAUSES OF DEATH

93

How long

Primary

Exposure

Immediate

Pneumonia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

Yes

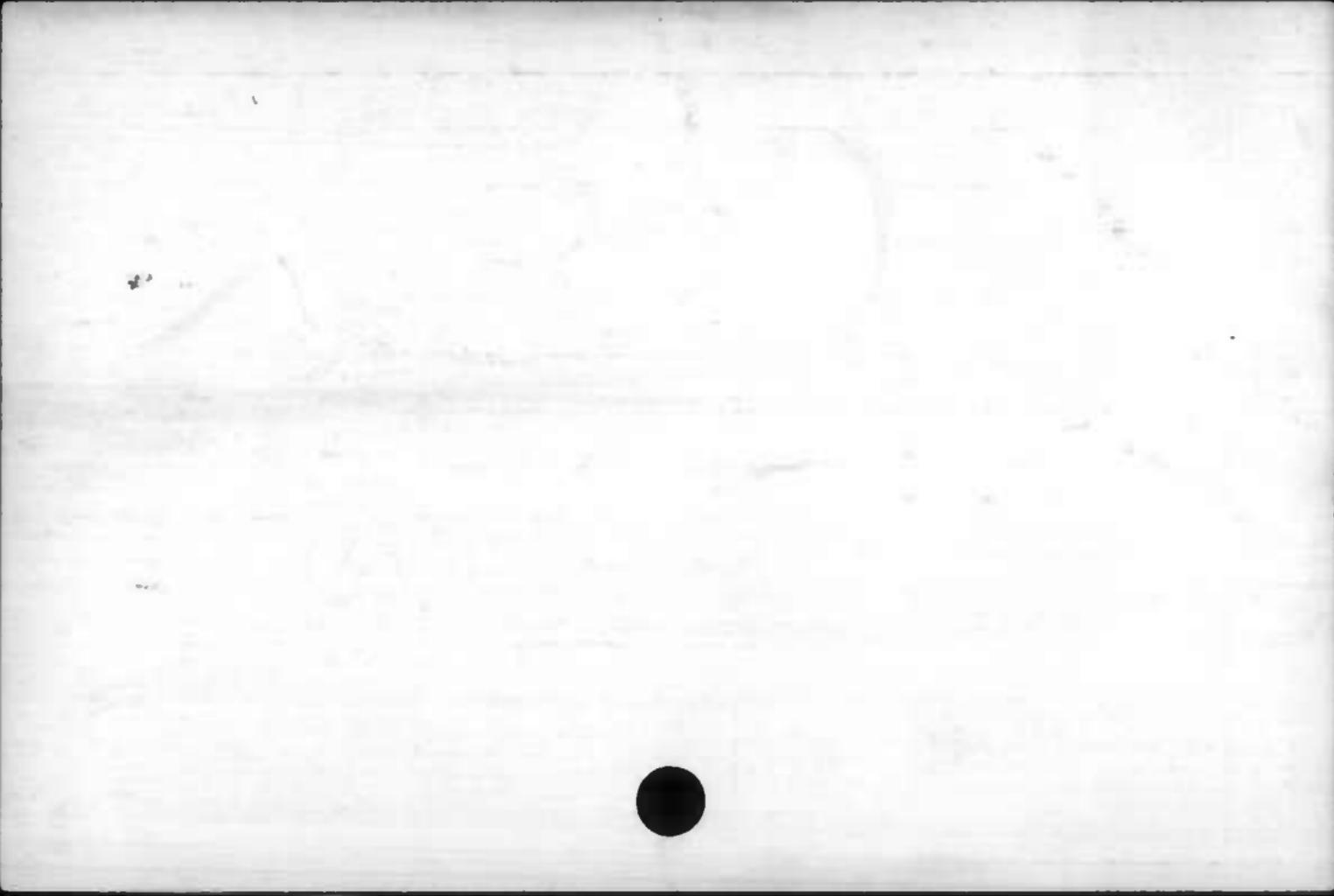
Signature of Physician

Address

Charles E. Loops
Taneytown
Md

Accident or Suicide

PHYSICIAN
OR CORONER



CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1909	Month 3	Day 29	Years —	Months —	Days —
Sex	Male	Color or Race	White	Birth-place	Manchester	
Occupation	Where Residing if not at place of death					Manchester
Married, Single or Widowed	—	Name of Wife or Husband	Charles N. Yingling			
Father's Name	Charles N. Yingling					Manchester
Mother's Maiden Name	Daisy B. Glensorman					Manchester
Name of person giving Information	Charles N. Yingling					Manchester

CAUSES OF DEATH

151

How long

Lived 1 day

How long

Primary

Premature Birth

Immediate

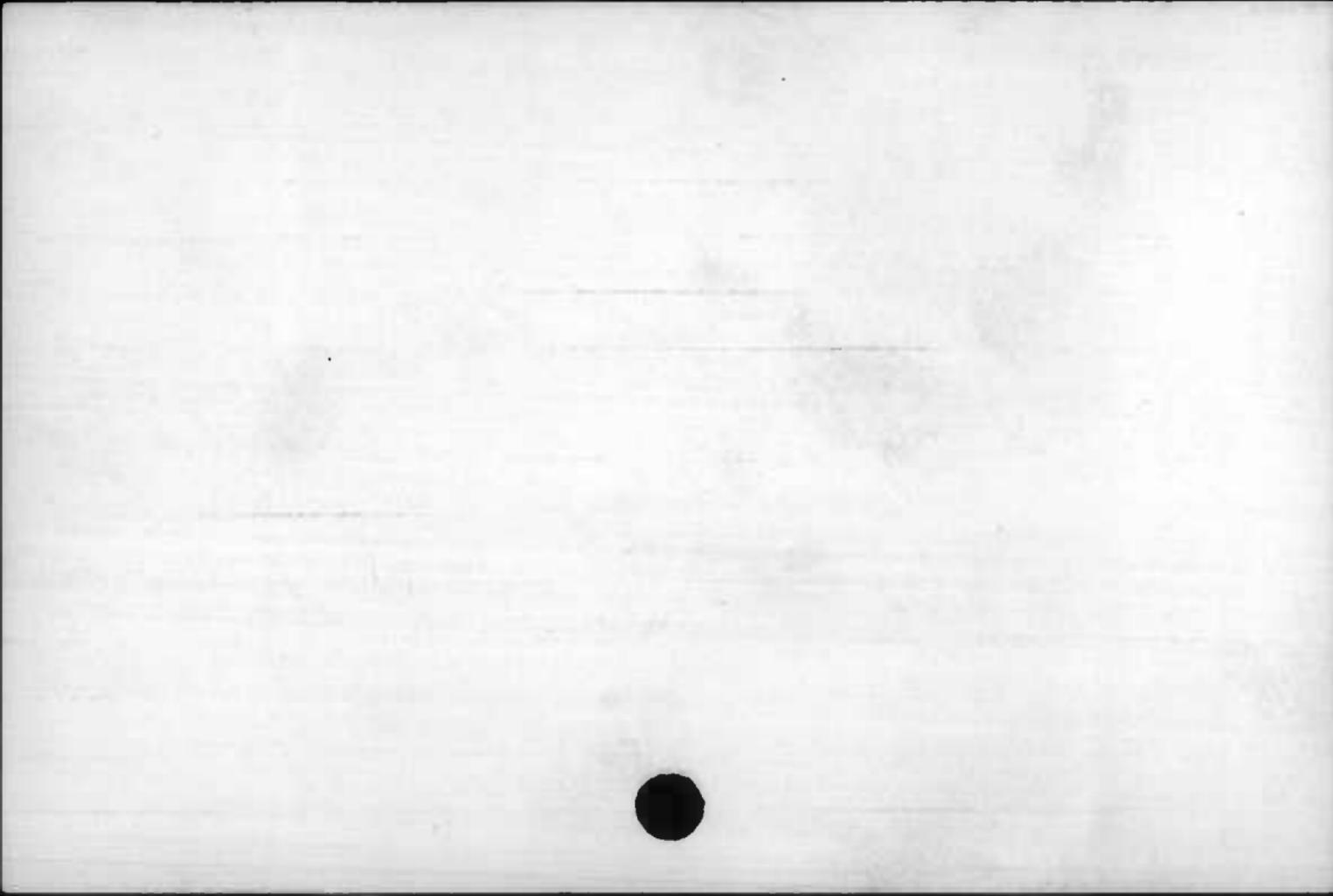
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. Slusher M.D.
Manchester
Md

Accident or Suicide?



Name
in
Full

Mandelia Yngling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Syderburg</u>		Town	County <u>Carroll</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>March</u>	Day <u>22</u>	Age <u>72</u>	Years	Months <u>8</u>	Days <u>18</u>	
Sex <u>Female</u>	Color or Race <u>White -</u>	Birth-place <u>Adams Co Pa</u>					
Occupation <u>Housewife</u>	Where Residing If not at place of death						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>John Yngling</u>						
Father's Name <u>Samuel Rgle</u>	Father's Birthplace <u>Jefferson Pa</u>						
Mother's Maiden Name <u>Susan Munchey</u>	Mother's Birthplace <u>Lillesburi Pa</u>						
Name of person giving Information <u>Mrs Susan Robbbaugh</u>	How related to deceased <u>Daughter</u>						

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary

La Grippe

Immediate

Dysentery

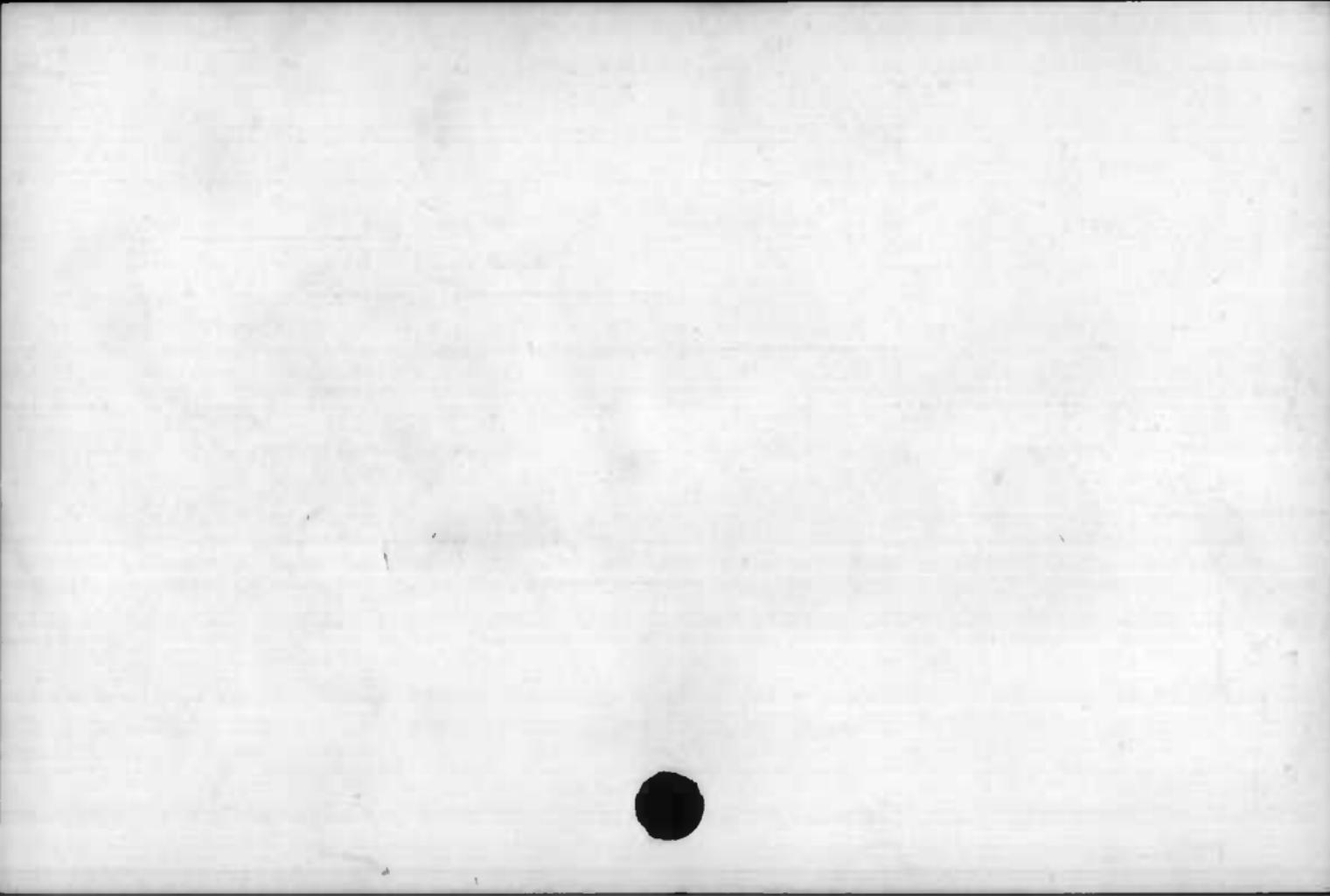
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J H Sherman M.D.
Wenchesley
Md

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sarah Jane Tiler

CERTIFICATE OF DEATH

MARYLAND

Died at <u>New Windsor</u>		Town <u>Carroll</u>		County			
Date of death <u>1909</u>	Month <u>March</u>	Day <u>8</u>	Age <u>85</u>	Years	Months	Days	
Sex <u>Female</u>	Color or Race <u>Black</u>			Birth-place <u>Virginia</u>			
Occupation <u>Housewife</u>			Where Residing if not at place of death <u>New Windsor</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Joseph Tiler</u>			Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Unknown</u>			Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>Geo. Digney</u>			How related to deceased <u>son</u>				

CAUSES OF DEATH

42

Primary Concussion, Menses

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Digney & Son
New Windsor
Md.

How long 18 months

2 weeks

Accident or Suicide?

